

27537.



ANNUAL
DEPARTMENTAL
REPORTS
1962-63

THE ROYAL SOCIETY
for the Promotion
OF HEALTH
LIBRARY

DIRECTOR OF MEDICAL
AND HEALTH SERVICES

RBB/40 w



22501293356

HONG KONG
ANNUAL DEPARTMENTAL REPORT
BY THE
DIRECTOR OF MEDICAL AND HEALTH SERVICES
D. J. M. MacKENZIE
FOR THE
FINANCIAL YEAR 1962 - 63

PRINTED AND PUBLISHED BY S. YOUNG, GOVERNMENT PRINTER
AT THE GOVERNMENT PRESS, JAVA ROAD, HONG KONG

EXCHANGE RATES

When dollars are quoted in this Report, they are, unless otherwise stated, Hong Kong dollars. The official rate for conversion to pound sterling is HK\$16=£1 (HK\$1=1s. 3d.). The official rate for conversion to U.S. dollars is HK\$5.714=US\$1 (based on £1=US\$2.80).

| | |
|-------------------------------|----------|
| WELLCOME INSTITUTE LIBRARY | |
| Coll. | wellcome |
| Call | 1000000 |
| No. | W127 |
| | 2116 |
| | 1151 |
| | 463 |


CONTENTS

| | <i>Paragraphs</i> |
|---|-------------------|
| I. GENERAL REVIEW | 1 - 26 |
| Administration of the Medical & Health Services | 27 |
| Staff | 28 - 37 |
| Finance | 38 - 41 |
| Legislation | 42 |
| Professional Registers | 43 |
| Work of the Statutory Councils and Boards . | 45 - 63 |
| II. PUBLIC HEALTH | |
| General Comments | 64 - 67 |
| Vital Statistics | 68 - 72 |
| III. WORK OF THE HEALTH DIVISION | |
| Hygiene and Sanitation | |
| Urban Areas | 73 - 75 |
| Rural Areas | 76 |
| Epidemiology | |
| Quarantinable Diseases | 77 |
| Cholera | 78 - 94 |
| Notifiable Diseases | 95 - 121 |
| Other Communicable diseases which are not notifiable | 122 - 123 |
| Tuberculosis | 124 - 180 |
| Malaria Bureau | 181 - 189 |
| Social Hygiene Services | 190 - 202 |
| Port Health | 203 - 209 |

III. WORK OF THE HEALTH DIVISION—*Contd.*

| | <i>Paragraphs</i> |
|--|-------------------|
| District Midwifery Services | 210 - 214 |
| Maternal and Child Health Services | 215 - 221 |
| School Health Services | 222 - 228 |
| Dental Service | 229 - 237 |
| Forensic Pathology | 238 - 240 |
| Government Chemist's Laboratory | 241 - 251 |
| Government Institute of Pathology | 252 - 268 |
| Industrial Health | 269 - 273 |
| Health Education | 274 - 277 |
| IV. THE WORK OF THE MEDICAL DIVISION | 278 - 279 |
| Hospitals | 280 - 282 |
| Government Hospital | 283 - 341 |
| Government-Assisted Hospitals | 342 - 360 |
| Outpatient Services | 361 - 367 |
| Specialist Services | 368 |
| Radiology | 369 - 380 |
| Ophthalmology | 381 - 385 |
| The Pharmaceutical Service | 386 - 389 |
| The Almoner Service | 390 - 402 |
| Physiotherapy | 403 - 408 |
| Occupational Therapy | 409 - 416 |
| Orthopaedic and Prosthetic Appliances | 417 - 421 |
| Medical Examination Board | 422 - 424 |
| Hospital Maintenance and Supply | 425 - 430 |
| Auxiliary Medical Services | 431 - 440 |

| | <i>Paragraphs</i> |
|---|-------------------|
| V. DEVELOPMENT PROGRAMME | |
| Planning Unit | 441 - 444 |
| Building Programme | 445 |
| VI. HOSPITAL COSTING | 446 |
| VII. TRAINING PROGRAMME | |
| Doctors | 447 - 450 |
| Dental Staff | 451 - 453 |
| Nurses | 454 - 456 |
| Midwives | 457 - 458 |
| Health Visitors | 459 |
| Radiographers | 460 |
| Laboratory Technicians | 461 - 462 |
| Physiotherapy | 463 |
| Other Forms of Departmental Training | 464 - 466 |
| Courses of Study Overseas | 467 |
| VIII. MISCELLANEOUS | |
| Attendances at Conferences and Meetings | 468 |
| Visitors | 469 |
| Publications | 470 |
| Obituary | 471 |
| ACKNOWLEDGMENT | 472 - 473 |
| IX. MAPS | |
| X. APPENDICES | |



Digitized by the Internet Archive
in 2019 with funding from
Wellcome Library

<https://archive.org/details/b31406105>

I. GENERAL REVIEW

THE estimated mid-year population of Hong Kong in 1962 was 3,400,300 of whom some 40% are aged 15 years or younger. Living under conditions of average densities of 1,800 - 2,000 to the acre in the urban areas with intermittent water supplies and some 25% of the urban population depending on a night soil conservancy service for sanitation, environmental conditions inevitably predispose to the transmission of the communicable diseases. The standard of nutrition is generally good, there is relatively full employment and standards of living are rising steadily as the rehousing programme develops.

2. Despite the conditions of over-crowding, the necessity to store water in tenement houses and the environmental conditions in the older tenement houses along the waterfronts and in the central districts of Hong Kong Island and the Kowloon Peninsula, the community health record during the year was remarkably good. The crude death rate remained low at 5.9 per 1,000 and the infant mortality rate declined further to 36.9 per 1,000 live births. The neo-natal mortality rate has remained relatively constant over the past four years ranging between 20.9 and 21.3 per 1,000 live births. The birth rate fell from 34.2 per 1,000 in 1961 to 32.8 per 1,000 in 1962 and the maternal mortality rate continued low at 0.48 per 1,000.

3. There were three important events which posed a definite threat to the public health. The first was the sudden and unexpected influx of illegal immigrants numbering some 140,000 in May and June. Later, in August, cholera *El Tor* again re-appeared and on the 1st of September, typhoon *Wanda*, which was the worst typhoon the Colony had experienced since 1937, rendered many thousands homeless and made necessary many emergency centres for their reception and feeding. Despite these events, there were no related outbreaks of epidemic disease.

4. The large influx of illegal immigrants at a time when cholera might be expected to recur had apparently no influence on the outbreak which began at the end of August. A number of immigrants were examined during the influx and the night soil from latrines at the reception centre where illegal immigrants were detained was investigated bacteriologically with entirely negative results.

5. The most important medical finding amongst these immigrants was the high incidence of active tuberculosis in the older age groups; some 68,000, who were permitted to stay in the Colony, were required to undergo a chest X-ray during the process of registration and the issue of identity cards. The findings are described in some detail later in this report, under the section dealing with tuberculosis.

6. There is reason to believe that among the motives prompting individuals to come to Hong Kong from China is a need for medical treatment. Certainly many of those who do come legally or illegally are very soon to be found at Government clinics. The impact falls most heavily on the Government tuberculosis, leprosy and mental health services.

7. A very significant and important event during the year was the visit by Professor F. HEAF, C.M.G. and Dr. Wallace Fox who came at the invitation of Government to make an assessment of the current status of tuberculosis as a community health problem. Their report and recommendations concerned the provision of enhanced facilities and staff for the Government Tuberculosis Service, the development of additional case finding, bacteriological and B.C.G. vaccination services, the ratio to population of hospital beds for the inpatient treatment of tuberculosis and the urgent need for research to guide policy planning for the future.

8. The Report was accepted in principle during October by Executive Council, subject to detailed examination of the implementation of the recommendations. The Report was then referred to the Medical Advisory Board which consulted the various voluntary agencies engaged in tuberculosis control and it was still under consideration by the Board at the end of the year.

9. On the 22nd August, cholera re-appeared in the Colony and over the next six weeks, a total of eleven clinical cases occurred. The only fatality was in a man who had been ill for three days before being sent to hospital and who died on admission, before treatment could be started. The whole Colony was declared an infected local area on the 23rd of August and the last case in the urban districts occurred on 20th September. One further case, the last in 1962, appeared in a village community in the New Territories on the 12th October.

10. Again there was a very widespread distribution of cholera vibrios throughout the community with remarkably few clinical cases presenting as a result. Strict quarantine measures were applied to all contacts of clinical cases and the appropriate environmental preventive precautions

strictly enforced. Nevertheless, using the communal night soil as an indicator, the only conclusion to be reached was that there were large numbers of undetected carriers, excreting cholera vibrios, at large in the Colony.

11. A mass immunization campaign using cholera vaccine prepared in the Government Institute of Pathology had been conducted in February, March and April 1962, when 53% of the total population received vaccine. During the outbreak itself a further million people were inoculated. In assessing the epidemiology, it appears probable that the immunity induced by wide scale vaccination greatly reduced the attack rate of the disease in the face of the widespread distribution of the cholera vibrios.

12. During the outbreak, the routine sampling of night soil was intensified and from the 29th October, 1962 to the end of March 1963, no further cholera vibrios were isolated.

13. Of the other communicable diseases of importance, poliomyelitis and measles showed unusually high incidence. The notifications of paralytic poliomyelitis during the year were the highest on record and the vaccination campaign using a Sabin type oral vaccine, which was conducted in two phases in January and March 1963, is believed to have cut short an epidemic of some proportions in which Type II and Type III polioviruses were playing a predominant part. In previous years, Type I virus had been almost exclusively the agent responsible for paralytic disease.

14. An epidemic of measles of considerable size and virulence occurred in the winter months of the year under review following a period of 18 months during which the incidence was unusually low. The common fatal complication was broncho-pneumonia and an investigation carried out by the Paediatric Unit in Kowloon Hospital showed that the age group most vulnerable to this complication was that of 6 months to 2 years of age.

15. The Working Party set up to advise Government on the organization and scope of a comprehensive School Medical Service began work in May 1962 under the Chairmanship of Dr. the Hon. A. M. RODRIGUES, O.B.E., E.D. The intention is to establish a voluntary contributory scheme whereby the school children participating will receive physical examinations at prescribed intervals by private medical practitioners who will also supply curative treatment for ailments normally dealt with in a practitioner's consulting room. The Report of the Working Party was

submitted to Government in March, 1963. Government will continue to provide for all schools the existing services for the prevention and control of communicable disease, including immunization programmes and environmental health services.

16. The pressure on general hospital beds continued unabated, and, in fact, increased. This was barely contained by the use of camp beds in wards, on verandahs and wherever else they could be fitted in. The rapid rate of turnover of patients in the acute wards was also maintained by utilizing subsidiary convalescent beds wherever they could be found. In meeting this pressure, the Tung Wah Group of Hospitals played a significant complementary role, particularly in Kowloon where, from February 1963 onwards, the Kwong Wah Hospital accepted direct, from the Kowloon Hospital Casualty Department, up to 25 emergencies each day.

17. The Castle Peak Mental Hospital of 1,000 beds, opened in March 1961, was also under heavy pressure. By the end of 1962, it had been necessary by rearrangement of ward accommodation to increase the nominal bed strength to 1,119 beds. Despite this increase, the parole system continued to be extensively used as well as the day out-patient centres on Hong Kong Island and, later, at the Queen Elizabeth Hospital Specialist Clinic in Kowloon.

18. The general hospital building programme is going ahead rapidly and some temporary easing of the pressure on acute beds in Kowloon is hoped for in 1964 when the new Kwong Wah Hospital re-development plan for 1,270 beds and the new Queen Elizabeth Hospital have been completed.

19. The Queen Elizabeth Hospital of 1,338 beds is to be formally opened early in September 1963, and with this in view a Commissioning Unit consisting of the designate Medical Superintendent, Senior Matron and Senior Hospital Secretary was formed in January 1963. The greater part of the equipment for the hospital which had been ordered from outside the Colony had arrived by the beginning of 1963 and it is anticipated that all patients will have been moved from the existing Kowloon Hospital to the Queen Elizabeth Hospital by the end of December 1963. Kowloon Hospital will then be renovated and modified, to function as a general rehabilitation centre of 304 beds complementary to the Queen Elizabeth Hospital and as a medical and surgical tuberculosis centre of 184 beds.

20. During March 1963 site works started at the Queen Mary Hospital preparatory to the extensions necessary to modernize this Govern-

ment Hospital which was first opened in 1938 and which is also the Teaching Hospital for the University Medical School. The extensions will include new operating theatre suites, a new radiology department, ward units for an additional 180 beds and enhanced teaching facilities designed to accommodate an increased intake of medical students.

21. Voluntary agencies are also engaged in general hospital development projects. The Tung Wah Hospitals Board opened an extension of 180 beds at the Sandy Bay Infirmary on Hong Kong Island in December, 1962, and plans were in hand to build an Infirmary of 210 beds at Wong Tai Sin in Kowloon. In Tsuen Wan, work had started on the 72 bed Seventh Day Adventist Hospital and the Yan Chai Hospital Board was incorporated by statute, preparatory to raising funds to build, initially, an hospital of 100 general beds, also in Tsuen Wan. Proposals submitted by the Protestant Churches to build a general hospital of 600 beds in Kowloon, to be known as the United Protestant Hospital, were also under consideration by Government.

22. The Government outpatient clinic building programme is also going ahead. In North Point on Hong Kong Island, the Anne Black Health Centre was opened in September 1962 by Lady Black, the wife of His Excellency the Governor. Named after Lady Black as a tribute to her practical concern for the welfare of the people of Hong Kong, half the cost of construction was donated by Dr. TANG Shiu-kin, C.B.E., LL.D., and a group of his friends. Government met the other half of the building costs and equipped the clinic which is also being staffed and maintained by Government.

23. The Royal Hong Kong Jockey Club also donated two further clinics, the Queen Elizabeth Hospital Specialist Clinic and the Wang Tau Hom Clinic. The former is in the grounds of the Hospital and is designed to provide outpatient consultant and follow-up services maintained by the clinical Specialist Units in the Queen Elizabeth Hospital. The latter is a standard urban type clinic which serves a new and rapidly growing resettlement estate. Both have been equipped by Government and are maintained from public funds.

24. At San Po Kong on the outskirts of the Wong Tai Sin Resettlement Estate, the foundation stone of another standard urban clinic was laid by His Excellency the Governor Sir Robert Brown BLACK, G.C.M.G., O.B.E., in February 1963. To be named the Robert Black Health Centre, this clinic has been built as the result of a generous personal donation of half the construction cost by Dr. TANG Shiu-kin,

and the architect, Mr. W. SZETO, has given his professional services free as his contribution. The remainder of the cost of the construction, the equipment and the maintenance is being provided by Government.

25. A feature of Hong Kong has always been the philanthropy of her citizens. Another notable event was the inauguration of the Li Shu Fan Foundation for Medical Education and Research. This inauguration took place in March 1963 during a meeting of the Hong Kong Chapter of the American College of Chest Physicians. His Excellency the Governor performed the Inauguration Ceremony which was attended by the President of the American College of Chest Physicians and a group of eminent physicians and surgeons from that College. Modelled on the Mayo Foundation, Dr. Li Shu-fan, M.B., F.R.C.S., LL.D., has made over to the Li Shu-fan Foundation assets to the value of HK\$18,000,000, the interest from which will be used to make grants for scholarships for medical and nursing undergraduate and postgraduate education, for medical research and for hospital treatment of the sick poor.

26. No report on the Medical and Health Services would be complete without an acknowledgment of the many and varied complementary activities carried out by a number of voluntary agencies. These activities range from the maintenance of large hospitals to assistance to individual patients who are handicapped by disease or disability. The major voluntary agencies which assist the Medical and Health Department in the care, rehabilitation and social aid of the sick and handicapped are listed in Appendix 5 and their services are gratefully acknowledged.

ADMINISTRATION OF THE MEDICAL AND HEALTH SERVICES

27. Statutory responsibility for the administration of the services safeguarding the public health in Hong Kong lies jointly with the Director of Medical and Health Services, the Urban Council, the Director of Urban Services, the Commissioner of Labour and the District Commissioner, New Territories. Executive functions in connexion with curative medical services and a number of aspects of preventive medicine throughout Hong Kong are the responsibility of the Medical and Health Department. The Urban Council is concerned with environmental sanitation in the urban areas of Hong Kong Island and Kowloon, through the Urban Services Department. The Director of Urban Services has executive functions as the Health Authority for certain of the townships in the New Territories and administers their environmental sanitary services. Medical Officers of Health are seconded in an advisory capacity

to the Urban Services Department and the Labour Department has an Industrial Health section staffed by personnel of the Medical and Health Department.

STAFF

28. The Director of Medical and Health Services is the Head of the Department, the chief adviser to Government on medical and health policy, and an appointed Official Member of the Legislative Council. He is a member of a number of the Boards and Committees of voluntary organizations engaged in medical and health work whose activities receive substantial support by way of Government subventions. He is also the Chairman of the Radiation Board and of the Statutory Councils or Boards dealing with the registration and disciplinary control of Medical Practitioners, Dentists, Pharmacists, Nurses and Midwives.

29. The Deputy Director of Medical and Health Services is the chief executive medical and health officer, who co-ordinates the work of the Medical and Health Divisions, each of these divisions being in charge of an Assistant Director. The Deputy Director is also Vice-Chairman of the Urban Council and is the principal adviser to that body on environmental health matters. The Principal Matron is the Chief Nursing Officer and administers the Nursing Division which provides general and psychiatric nursing, midwifery and health visitor services. She is also a member of the Nursing Board and the Midwives Board.

30. The Health Division, which is the administrative responsibility of the Assistant Director, Health, is concerned with infectious disease control, personal health services, rural hygiene and certain ancillary services. The Medical Division is the responsibility of the Assistant Director, Medical, and is concerned with the provision of curative and specialist clinical services. Each Assistant Director is assisted by a Principal Medical and Health Officer at Headquarters, and each division is divided into units which are individually under the charge of a Specialist or of a Medical and Health Officer with special experience and training. The respective spheres of responsibility of the two Divisions are outlined in Appendix 2.

31. The Principal Medical and Health Officer (Planning) assisted by a Senior Hospital Secretary, is responsible for the co-ordination of all requests for accommodation and equipment for new Medical and Health Department institutions, for the processing of building plans and for the detail of the forward planning of the Department's activities. In addition,

advice and assistance are given on request to voluntary and private organizations engaged in the planning and erection of medical institutions.

32. The Auxiliary Medical Service, which is a branch of the Civil Defence Service, is administered by the Medical Defence Staff Officer who is a member of the Medical and Health Department Headquarters staff. The Director of Medical and Health Services is the Unit Controller.

33. The routine administrative, secretarial, establishment and clerical work of the Department is under the general direction of the Secretary, while the Principal Accountant and his staff deal with the financial and accounting duties. The work of the Boards section is co-ordinated by the Boards Secretary.

34. The pharmaceutical and dispensing activities are the responsibility of the Chief Pharmacist, who also has inspectorate duties in connexion with the Dangerous Drugs and Pharmacy and Poisons Ordinances.

35. The Government Chemist is responsible for the work of the Government Chemical Laboratory which undertakes the analytical, forensic chemistry and standards work in the Colony.

36. The Chief Hospital Secretary and his staff undertake the supply of equipment and the day-to-day lay administration of the hospital and clinic services. The hospitals and clinics are at present grouped into two large units each of which is the responsibility of a Hospital Secretary. Assistant Hospital Secretaries are posted to the larger and more important institutions within these groups.

37. Appendix 1 shows the establishment of the Department at 31st March, 1963.

FINANCE

38. The actual expenditure of the Medical and Health Department for the financial year ended 31st March, 1963 was \$68,541,015 to which should be added a further \$26,386,405 disbursed in the form of subventions. Capital expenditure on medical projects under the Public Works Non-Recurrent head totalled \$28,262,729. These amounts represent 11.07% of the Colony's total expenditure during the year, and do not include expenditure on environmental sanitation by the Urban Services Department and the District Administration of the New Territories.

39. A Statement of Expenditure for the five years from 1958-59 to 1962-63 is shown at Appendix 3.

40. The total revenue collected from all sources by the Department totalled \$5,119,102.

41. The largest subvention was made to the Tung Wah Group of Hospitals which received \$13,799,169. In addition, a further capital grant of \$3,982,752 was made towards the cost of continuing work on the redevelopment of the Kwong Wah Hospital. Other large subventions were \$1,180,000 to the Alice Ho Miu Ling Nethersole Hospital, \$3,264,324 to the Grantham Hospital, \$1,132,890 to the Hong Kong Anti-Tuberculosis Association, \$743,179 to the Mission to Lepers, Hong Kong Auxiliary and \$579,931 to the Pok Oi Hospital.

LEGISLATION

42. The following legislation dealing with medical and health matters was enacted during the year 1962-63. Mention is made of the purpose of the more important ordinances in the body of this report.

Ordinances:

- (i) Medical Registration (Amendment) Ordinance, 1962.
- (ii) Penicillin (Amendment) Ordinance, 1962.
- (iii) Dentists Registration (Amendment) Ordinance, 1962.
- (iv) Mental Health (Amendment) Ordinance, 1962.

Rules and Regulations:

- (a) Poisons (Amendment) Regulations, 1962, (G.N.A. 60/62).
- (b) Poisons List (Amendment) Regulations, 1962, (G.N.A. 61/62).
- (c) Poisons List (Amendment) (No. 2) Regulations, 1962, (G.N.A. 62/62).
- (d) Dentists (Registration and Disciplinary Procedure) (Amendment) Regulations, 1962, (G.N.A. 70/62).
- (e) Dangerous Drugs (Amendment) Regulations, 1962, (G.N.A. 112/62).

PROFESSIONAL REGISTERS

43. There are five statutory bodies dealing respectively with the registration of medical practitioners, dentists, pharmacists, nurses and midwives. The Hong Kong Medical Council has statutory powers governing the registration of medical practitioners and has duties in connexion with disciplinary proceedings and offences; it is not an examining body. The Dental Council, Pharmacy Board, Nursing Board and Midwives Board all maintain registers, regulate training, hold examinations leading to registration or enrolment and have disciplinary powers.

44. At the 31st March, 1963, the number of persons on the statutory registers were as follows :

| | | | | | |
|-------------------------------------|-----|-----|-----|-----|-------|
| Register of Medical Practitioners | ... | ... | ... | ... | 1,135 |
| Register of Dentists | ... | ... | ... | ... | 412 |
| Register of Pharmacists | ... | ... | ... | ... | 108 |
| Register of Nurses—General (Female) | ... | ... | ... | ... | 2,146 |
| (Male) | ... | ... | ... | ... | 123 |
| —Mental (Male) | ... | ... | ... | ... | 2 |
| Register of Midwives | ... | ... | ... | ... | 2,068 |

WORK OF THE STATUTORY COUNCILS AND BOARDS

Medical Council

45. There were six ordinary meetings of the Council and five inquiries were held during the year. Of the inquiries, two were in respect of disciplinary charges and two concerned the use of dangerous drugs by certain medical practitioners. One disciplinary inquiry, referred by the Preliminary Investigation Committee in March 1962, was heard by the Council during May 1962. A verdict of 'guilty' was returned and a sentence of three months erasure recorded; the sentence was however suspended for a period of two years on the condition that no further disciplinary offence was committed during this period.

46. The revised edition of the Council's Warning Notice was received from the printer during the year and was issued to medical practitioners during the month of November, 1962.

47. The Preliminary Investigation Committee met twice to consider disciplinary charges and both were referred to the Medical Council for inquiry. The first case referred to a charge of advertising and was scheduled for hearing by the full Council during April 1963. The second case referred to the issue of international certificates of inoculation against cholera without having inoculated the persons concerned. The Medical Council commenced this latter hearing during the month of March 1963, but the meeting was later adjourned to a date in April 1963.

48. During the year there were 79 applications accepted for full registration and 2 applications for reinstatement were granted; 43 applications for provisional registration were also accepted. A total of 8 names were erased from the register during the year as a result of death, departure from the Colony or failure to notify changes of address.

49. The fees payable in respect of full registration were increased during the year.

Dental Council

50. The Council met five times during the year to attend to routine business. Fees for first admission to the register were increased during the year and, in addition, an entrance fee was imposed for any examination conducted in the Colony by examiners appointed by the Council.

51. There were 31 applications accepted for registration with the Council, of which 3 were for re-inclusion in the Register of Dentists; a further 12 applicants had qualifications acceptable without examination and were registered. Of the remaining 16 applicants, two sat the Council's examinations, passed and their names were entered in the Register. Six others were accepted for examination, five applications were rejected and three were under consideration at the end of the year.

Pharmacy Board

52. The Board met four times for the transaction of routine business. There were twenty-nine applications for registration of which only one was accepted without examination; six applicants successfully passed the Board's examination and were admitted to the Register. Sixteen applicants were required to undergo further practical training before attempting the Board's examination and a further three applicants granted direct access to the Board's examinations to be held in 1963-64. Three applications were rejected.

53. Under the Governmental scholarship scheme, a further two scholarships were awarded for the study of pharmacy in Australia.

Nursing Board

54. The Board met four times during the year. The requirements for the approval of Nurses Training Schools in Hong Kong were reviewed and brought into line with those to be introduced by the General Nursing Council of England and Wales as from the 1st January, 1964. After an exchange of letters with the General Nursing Council it has been agreed that all the existing approved Training Schools in the Colony will continue to be recognized for the purposes of reciprocity. Further consideration was also given to the revision of the general nursing examination syllabus by a sub-committee of the Nursing Board. Examinations in general and psychiatric nursing were held in June and December, the results of which were as follows:

| <i>General Nursing</i> | | | | | <i>Entered</i> | <i>Passed</i> |
|----------------------------|-----|-----|-----|-----|----------------|---------------|
| Preliminary Examination | ... | ... | ... | ... | 352 | 285 |
| Final Examination | ... | ... | ... | ... | 213 | 189 |
| <i>Psychiatric Nursing</i> | | | | | | |
| Preliminary Examination | ... | ... | ... | ... | 21 | 18 |
| Final Examination | ... | ... | ... | ... | 2 | 2 |

55. The training in psychiatric nursing, which started in 1959, is now well established at the Castle Peak Hospital and the first two locally trained psychiatric nurses had their names entered in the relevant part of the Nurses Register following on the final examination held in December 1962.

56. Of 230 nurses applying for registration in the general nursing part of the Register, 215 were accepted of whom 181 were from the approved Training Schools in the Colony and 27 were nurses who had trained outside Hong Kong. Some of the latter were required before registration to sit and pass the Board's examination and others were referred for further training before being accepted. Seven nurses were re-admitted to the Register whose registration had lapsed during absence from the Colony. Three names were deleted from the Register, two on account of death and one on departure from the Colony.

57. No disciplinary investigations or inquiries took place during the year.

Midwives Board

58. The Board met quarterly and examinations were held during the months of April, July, October and January. A total of 186 candidates entered for the Board's examinations, of whom 170 were successful.

59. There were 173 applications for registration and 171 were accepted; 169 of the applicants had completed their training in Hong Kong and 2 who qualified in Australia were accepted without further examination. Of the remainder, one was rejected and the other, who had completed Part I of the Central Midwives Board examination held in the United Kingdom, was required to undergo six months further training before sitting the Board's examination. Three applications for restoration were granted and 2 names deleted from the register on account of death.

60. The Preliminary Investigation Committee met once to consider a disciplinary charge but found no grounds for an inquiry by the Board.

61. During the year, a revised edition of the Handbook for Midwives was approved by the Board and later issued to practising midwives and to Training Schools.

Radiation Board

62. The full Board did not meet during the year as the main business pending was the enactment of the proposed Radiation (Control of Radioactive Substances) Regulations and the Radiation (Control of Irradiating

Apparatus) Regulations. These draft regulations were being studied in the United Kingdom and were not received until towards the end of the year, when they were forwarded to the drafting sub-committee for consideration of the amendments proposed.

Medical Advisory Board

63. The Board met four times during the year and had under consideration the draft Medical Clinics Bill, the problem of cigarette smoking and lung cancer and the Report on Tuberculosis in Hong Kong by Professor F. HEAF, C.M.G. and Dr. Wallace Fox. Advice was given regarding certain amendments to the Medical Clinics Bill, which was otherwise supported in principle, and on the problem of lung cancer. The Heaf/Fox Report was still under consideration by the Board at the end of the year.

II. PUBLIC HEALTH

GENERAL COMMENTS

64. The general level of the public health was well maintained throughout the year despite increasing densities of population in the urban areas, inadequate housing in the most congested areas, limited water supplies and some 25% of the population depending on a night soil collection service for sanitation.

65. During May and June 1962 there was a sudden influx of illegal immigrants from China estimated to number 140,000. In the following September typhoon *Wanda* rendered many thousands of residents homeless who were crowded together in emergency reception centres at a time when cholera was occurring in the urban areas. However despite these potential dangers no epidemic of serious proportions occurred.

66. Cholera El Tor re-appeared in August 1962, after a complete absence of any evidence of cholera vibrios persisting after the end of the 1961 outbreak when the last case had occurred during the first week of November. A severe epidemic of measles occurred during the winter months following on a period of 18 months of low endemicity. Notifications of poliomyelitis during the year under review were the highest on record and a change in the epidemiological pattern was noted towards the end of the year, there being an unusually high incidence of paralytic disease during December and January (normally the months of lowest incidence) and a shift from Type I virus infections to Types II and III. There was a rise in morbidity from tuberculosis which appeared to be

directly related to the influx of illegal immigrants, particularly to cases in the older age groups amongst them. The incidence of chickenpox also increased but there were lower incidences of diphtheria, malaria and amoebiasis.

67. There was an overall rise in the notifications of infectious diseases but the mortality resulting declined. The crude death rate remained at the same level as the previous year, namely 5.9 per 1000 of population.

VITAL STATISTICS

68. The registration of all deaths and live births occurring in the Colony is compulsory under the Births and Deaths Registration Ordinance. Still-births are not registrable but the number of still-born children received by cemeteries and crematoria are recorded. Table 1 shows the annual returns for births and deaths during the past five year period.

TABLE 1
BIRTHS AND DEATHS 1958-62

| Year | | | <i>Estimated Mid-Year Population</i> | <i>Total Live Births</i> | <i>Crude Live Birth Rate (per 1,000 Population)</i> | <i>Still Births Recorded</i> | <i>Total Deaths</i> | <i>Crude Death Rate (per 1,000 Population)</i> |
|------|-----|-----|--|------------------------------|---|----------------------------------|-------------------------|--|
| 1958 | ... | ... | 2,748,000 | 106,624 | 38.8 | 1,297 | 20,554 | 7.5 |
| 1959 | ... | ... | 2,857,000 | 104,579 | 36.6 | 1,393 | 20,250 | 7.1 |
| 1960 | ... | ... | 2,981,000 | 110,667 | 37.1 | 1,680 | 19,146 | 6.4 |
| 1961 | ... | ... | 3,177,700 | 108,726 | 34.2 | 1,683 | 18,738 | 5.9 |
| 1962 | ... | ... | 3,400,300 | 111,905 | 32.8 | 1,560 | 20,324 | 5.9 |

69. The total of live births showed a slight increase on the figures for 1961 but the crude live birth rate dropped slightly by 1.4 per 1,000 of population and the crude death rate remained constant at 5.9. There was a natural increase of 91,581 persons, this being the highest ever recorded.

70. The mortality pattern continues to show the same trends observed during previous years, namely decreasing mortality from the communicable diseases and an increase in deaths from diseases of later life, particularly neoplasms and cerebro-vascular disorders. An analysis of mortality for the years 1958-62 can be found in Appendix 4.

TABLE 2

INFANTILE AND MATERNAL MORTALITY 1958-62

| <i>Year</i> | | <i>Infantile Mortality rate (per 1,000 live births)</i> | <i>Neo-natal Mortality rate (per 1,000 live births)</i> | <i>Maternal Mortality rate (per 1,000 total births)</i> |
|-------------|-----|---|---|---|
| 1958 | ... | 54.3 | 23.4 | 0.85 |
| 1959 | ... | 48.3 | 21.3 | 0.73 |
| 1960 | ... | 41.5 | 20.9 | 0.49 |
| 1961 | ... | 37.7 | 21.0 | 0.45 |
| 1962 | ... | 36.9 | 21.2 | 0.48 |

71. Table 2 shows the recent trends in infantile and maternal mortality. The infant mortality rate has continued to fall but the maternal and neonatal mortality rates have remained more or less stationery.

72. An analysis of maternal mortality over the past 5 years is shown in Table 3. Toxaemias and haemorrhages of pregnancy were the principal fatal complications although there have been marked reductions in deaths from these causes in recent years.

TABLE 3

ANALYSIS OF MATERNAL MORTALITY 1958-62

| <i>Year</i> | | <i>Sepsis (excluding Septic Abortions)</i> | <i>Toxaemias</i> | <i>Haemorrhages</i> | <i>Abortions</i> | <i>Ectopic Pregnancies</i> | <i>Others</i> |
|-------------|----|--|------------------|---------------------|------------------|--------------------------------|---------------|
| 1958 | .. | .028 | .269 | .250 | .037 | .111 | .158 |
| 1959 | .. | N/A | .340 | .226 | .028 | .066 | .056 |
| 1960 | .. | .010 | .179 | .143 | .045 | .072 | .045 |
| 1961 | .. | .009 | .09 | .027 | .036 | .027 | .072 |
| 1962 | .. | 0.18 | .141 | .185 | .026 | .044 | .062 |

III. WORK OF THE HEALTH DIVISION

HYGIENE AND SANITATION

Urban Areas

73. The Urban Council is responsible through the Urban Services Department for environmental sanitation in Hong Kong, Kowloon and New Kowloon. The Deputy Director of Medical and Health Services, in his capacity of Vice-Chairman of the Urban Council, is the co-ordinating link between the two Departments for the control of communicable disease by measures of environmental sanitation, food hygiene and pest

control. Medical and Health Officers are seconded to the Urban Services Department from the Medical and Health Department and work under the direction of an Assistant Director of Medical and Health Services who is posted to the Urban Services Department as Assistant Director, Hygiene. He is responsible for the guidance of the Health Inspectorate in particular and for advice to the Urban Services Department as a whole on the day to day management of environmental health problems.

74. Medical and Health Officers in the urban areas, in addition to their duties connected with the maintenance of satisfactory standards of environmental sanitation and food hygiene, are responsible for the co-ordination of all epidemiological measures to control the transmission of infectious diseases. Exceptions are tuberculosis, venereal disease, leprosy, and malaria, which are the concern of specialized branches of the Medical and Health Department. Through the media of routine house inspections and regular visits to licensed food premises carried out by the Health inspectorate, much health education is possible in connexion with immunization campaigns and with the control of intestinal infections. With the assistance of qualified Health Visitors, the Health Officers maintain investigations into the sources of known cases of diphtheria, tetanus neonatorum, poliomyelitis, typhoid and certain other diseases.

75. These activities are closely co-ordinated with the activities of teams of inoculators from the Epidemiological Section of the Medical and Health Department, working under the immediate direction of area Health Officers and offering prophylactic immunization against small-pox, diphtheria, cholera and enteric fever.

Rural Areas

76. The Director of Urban Services has statutory powers controlling sanitation, food hygiene, cleansing, amenity and allied services in the townships and the more developed villages in the New Territories, while the District Commissioner is the licensing authority for all hawkers and premises where food is handled. The Medical and Health Department provides the curative and personal health services and the Principal Medical Officer of Health, New Territories, advises the respective authorities on all health matters affecting the area. The Medical and Health Department is also responsible for environmental health in rural areas. The main emphasis is on health education stemming from the curative services and designed to stimulate self-help in the villages through the development of simple measures which will improve environmental sanitation.

EPIDEMIOLOGY

Quarantinable Diseases

77. The whole Colony was declared a cholera infected local area in terms of the International Sanitary Regulations on the 23rd August on the laboratory confirmation of a case of Cholera El Tor and was declared free of infection on the 8th October, 18 days after the occurrence of the tenth and last case in the urban areas. Five days later another case of Cholera El Tor was bacteriologically confirmed in the New Territories in the District of Yuen Long which district was declared an infected local area on the 13th October. No further cases occurred in the District and it was declared free of infection on the 29th October. There was a total of 11 cases with one death. No other case of quarantinable disease occurred during the year.

Cholera

78. Following on the outbreak in 1961 and the continuing incidence of cholera in nearby countries, special preventive measures were taken throughout the year. These consisted of the routine bacteriological investigation for cholera vibrios of all specimens sent to the laboratory from cases of gastro-enteritis and the routine sampling of night soil, sea water, well water and foodstuffs liable to be sources of persistence or transmission of cholera vibrios. In addition a mass cholera immunization campaign was carried out during February, March and April, during which 53% of the total population received the appropriate one dose of standard vaccine of 8,000 million organisms per ml. Particular attention was paid to the boat people who live afloat, the residents in the New Territories, the waterfront communities, food handlers and school children. In these population groups the percentage inoculated ranged between 85% and 95%. In all, over 1,600,000 inoculations were given.

79. Quarantine restrictions were maintained throughout the year in respect of the infected local areas in the Philippines and the whole of Kwangtung Province. They were applied to Taiwan when it was declared infected in July 1962.

80. The first isolation of cholera vibrios in Hong Kong during 1962 was from a case of suspected cholera admitted to the Lai Chi Kok Hospital on the afternoon of the 22nd August. This was not an imported case and no contact with individuals coming recently from infected areas could be traced. Laboratory confirmation showed that *vibrio cholerae* El Tor was again responsible, the strain being in all respects similar to the strains isolated in 1961. Thereafter, between the 22nd August and

the 20th September, there was a total of ten clinical cases of cholera, nine of which were confirmed bacteriologically. All cases were typical and the majority were severely ill. There was one death, the third patient, who died on arrival at the hospital after an illness lasting three days.

81. All house contacts of the ten clinical cases were isolated at the Chatham Road Quarantine Centre and, amongst the total of 126 contacts accommodated at the Centre, only 4 contact carriers were detected. These were all contacts of the first case.

82. The usual environmental preventive measures were applied, such as increased chlorination of the public water supply, the chlorination of all wells in the urban areas and the vigorous inspection of public eating places, food premises, markets and the control of itinerant food hawkers. Particular attention was paid to the collection and disposal of night soil and to the bacteriological sampling of the night soil conservancy tankers. All inoculation centres were re-opened for cholera immunization and just over one million people were inoculated during the period of the outbreak.

83. It was possible to conduct a detailed epidemiological investigation of each case that occurred and the results were consistently baffling. Specimens of foodstuffs in the infected premises were all cultured and were all negative for cholera. Positive swabs were, however, obtained from certain of the latrine buckets, from a chopping block used for the preparation of food in one instance, and in several cases from water in kitchen drains and on floors. One roof tank used for flushing a water closet yielded vibrios but the well which supplied the tank was negative.

84. On the night of the 10th September, nearly three weeks after the first case occurred, the first positive culture of cholera vibrios was obtained from a tanker containing communal night soil. This was in the course of routine random sampling and thereafter all night soil tankers in use in the urban areas of Kowloon and Hong Kong Island were sampled twice nightly. An interesting picture emerged. Within the next 10 days positive cultures of cholera vibrios were obtained from tankers serving 12 collection routes in Kowloon and 10 districts on the Island. It was possible in three instances to trace the infection back through the hoppers serving the tankers to latrine buckets. One bucket came from a public latrine and further investigation was not possible. However, in the two other instances, one in a tenement building and the other in a roof top squatter community, it was possible to obtain rectal swabs from the residents using the infected pail. All these swabs

proved to be negative. Positive cultures continued to be obtained from the communal night soil over a period of twenty-six days.

85. On Monday the 8th of October, no case having occurred since the 20th of September, the Colony was declared free of infection. The following Saturday, the 13th of October, another case of cholera was confirmed; this occurred in a fishing village in the district of Yuen Long in the New Territories. In view of the fact that vibrios had disappeared from the communal night soil in the urban areas and that this particular village community could be readily controlled from a quarantine point of view, only the District of Yuen Long was declared an infected local area.

86. Epidemiological investigations again revealed a very interesting situation. The community consisting of 410 people were all rectally swabbed and a total of 16 contact carriers were confirmed and placed in quarantine. Two of the contact carriers were members of the patient's family and of the others ten were children below the age of 10 years, all of whom had close physical contact in the home or at play.

87. Intensive sampling of the water of the tidal river by which the village was situated and of the surrounding ponds used for the rearing of fresh water fish produced no cholera vibrios either agglutinable or non-agglutinable. All foodstuffs, particularly fish and fish fry, and other possible sources of infection were also consistently negative. The only common source of infection appeared to be the child contact carriers who played together on the mud banks and swam in the river.

88. The contact carriers were all treated with oral streptomycin and isolated until three successive negative specimens of stool had been obtained. No further clinical cases appeared and the district was declared free of infection on the 29th October.

89. It is believed that Hong Kong was free of cholera vibrios during the period November 1961 to August 1962. Throughout this time, on a routine basis, all specimens sent to the Government Institute of Pathology from cases of gastro-enteritis were investigated for cholera vibrios. The first positive culture obtained was from the first case of cholera which appeared on the 22nd of August. The sampling of communal night soil tankers, which had been carried out three times each week throughout this period, gave entirely negative results until after the first case of cholera had been confirmed. It was only some 18 days later that cholera vibrios began to appear in the night soil and over the next two weeks there was a very widespread dissemination of the infection

throughout the night soil collected from the urban areas. Yet a total of only 10 sporadic clinical cases appeared, of which 9 were confirmed in the laboratory. The tenth case was clinically a moderately severe cholera but the bacteriological investigations were consistently negative.

90. The appearance thereafter of one confirmed case in a rural area with a total of 16 contact carriers, none of whom had symptoms suggestive of cholera, in a group of 410 persons indicated an highly infectious organism but of limited invasive powers.

91. The sporadic appearance of relatively few clinical cases despite the widespread distribution of cholera vibrios in the community is believed to be due to the fact that the infection was re-introduced into a population well vaccinated against cholera many of whom had received vaccine on more than one occasion. Some 76% of a total population of 3,250,000 had received vaccine in August and September 1961. The following spring 53% of the whole population was again vaccinated. During the outbreak in August 1962 a further one million doses of cholera vaccine were given.

92. From October 1962 to March 31st 1963 routine laboratory investigations continued, during which particular attention was given to night soil tankers. All tankers in use were sampled twice each night and not one positive culture of cholera vibrios was obtained during this time. Similarly, cases of gastro-enteritis and specimens taken from samples of water and foodstuffs which could be possible sources of persistence of the infection were all negative. Further, non-agglutinable vibrios were only recovered rarely.

93. From experience gained during the cholera outbreaks in 1961 and 1962 three important tentative conclusions have been reached. The first is that the source of persistence of cholera is the human bowel and that the symptomless contact carrier is the essential agent in the transmission of the disease either in an endemic area or from an endemic area to an uninfected area when epidemic conditions may arise as a result. The second is that the organism is an highly infectious one but has limited invasive powers in a well-vaccinated community. This would explain the sporadic appearance of the disease either in the endemic areas where cholera is constantly occurring and the community has some degree of herd immunity as a result, or in a well-vaccinated population where cholera vaccine has had sufficiently wide acceptance to produce a degree of artificial immunity equivalent to that produced by the natural occurrence of the disease. The third is that standard cholera vaccine

sufficiently comprehensively applied is an important epidemiological tool which should not be discarded. The important factors here are that the vaccination cover must be sufficiently comprehensive and mass inoculation campaigns repeated at regular intervals.

94. These conclusions are necessarily tentative but future experience of cholera in the region, which is to be expected for some time to come, may well give the opportunity to study further the evidence that appears to support them.

NOTIFIABLE DISEASES

95. During 1962, there was an increase of 12.62% in the incidence of the notifiable diseases, particularly tuberculosis, measles, chickenpox and poliomyelitis. The rise in tuberculosis notifications is, however, attributable to the large number of cases discovered by the examination of illegal immigrants who entered the Colony during the year and a substantial increase in the total notified by private practitioners. Diseases such as diphtheria, malaria and amoebiasis showed a decrease and the total mortality from all notifiable infectious diseases declined by 5.4%.

96. Free immunization against smallpox, enteric fever, diphtheria and cholera continued to be available to all members of the public at all Government Hospitals, clinics, Port Health Inoculation Centres and District Health Offices. In addition, inoculation teams visited schools, resettlement estates and other densely populated areas in conjunction with mass immunization campaigns.

97. A summary of the prophylactic immunizations given is at Appendix 6.

Amoebiasis

98. A further decrease in the incidence was recorded, a total of 195 cases with 9 deaths being notified as against 215 and 12 deaths in the preceding year. The case fatality rate remained low at 4.6%.

Bacillary Dysentery

99. There were 795 cases of bacillary dysentery with 13 deaths during the year as against 742 cases and 8 deaths in 1961.

100. Much intensive health education in the prevention of the dysenteric infections is carried out, by Health Officers, amongst those connected with the handling, preparation and sale of food. There were 148

carriers detected amongst case contacts and all were given treatment and not allowed to return to work until three consecutive stool specimens had been obtained. The common organisms isolated were *S. flexneri* and *S. sonnei*.

Chickenpox

101. A widespread outbreak of chickenpox occurred during the first quarter of 1963 with the incidence peak occurring in March. The total number of cases notified during the year was 707 as against 498 in 1961. The mortality remained low, there being 5 deaths recorded as against 7 deaths in the previous year.

102. The intensive immunization against diphtheria which commenced in the autumn of 1959 was interrupted for the second year in succession by an anti-cholera vaccination campaign. The incidence of diphtheria, however, continued to decline, a total of 1,022 cases being notified during the year as compared with 1,334 in 1961, 1,450 in 1960 and 2,087 in 1959 when the number of cases notified was the highest recorded in any year. Over 75% of the cases in 1962 were in children under the age of 10 years, with more than 50% occurring under the age of five. There were 154 carriers detected amongst the case contacts as compared with 95 in 1961 and 35 in 1960. All carriers were isolated in hospital until they were proved free of infection.

103. The case fatality rate for diphtheria, which had been showing a continuing decline in recent years, rose from 8.2% in 1961 to 10% in 1962.

104. *C. diphtheriae mitis* continued to be the predominant causative organism and only in rare instances was an 'intermedius' or 'gravis' strain isolated.

Enteric Fever

105. A total of 826 cases was notified compared with 742 in 1961 and again the peak of the incidence was in July. The number of deaths due to enteric fever was 21 compared with 24 in the previous year giving a case fatality rate of 2.5% as against 3.2% in 1961. Twenty-eight carriers were detected as against 26 in 1961 and all were treated and rendered negative. Facilities for inoculation remained freely available to the public and the annual campaign was maintained in schools. Food handlers and the staff of licensed restaurants, eating houses and water boats are required by law to submit to inoculation with TAB annually.

Malaria

106. There were 794 cases notified of which 434 or 54.6% were recorded in the Sai Kung District of the New Territories.

Measles

107. The incidence of measles remained low, after the extensive epidemic in the winter and spring of 1960-61, until September, 1962 when the increase in notifications heralded the start of another major epidemic. The number of deaths, mainly due to broncho-pneumonia, remained high, reflecting the incomplete notification of this disease. There were 2,317 cases notified with 326 deaths.

Tuberculosis

108. Tuberculosis remains the major public health problem in Hong Kong. The control programme has so far shown results mainly in the prevention of tuberculosis amongst children and in the reduction of mortality at all ages. The problem is considered in detail in paragraphs 124 to 180 below.

Poliomyelitis

109. There were 363 cases of paralytic poliomyelitis notified during the year which is the highest incidence recorded since 1948. During July of peak of 78 cases occurred followed by a gradual decline, with 12 cases being reported in November. Thereafter there was again a sharp increase with 27 cases occurring in December and 35 during January. This was contrary to all previous experience as these are normally the months of lowest incidence.

110. During the summer months, as in past years, Type I poliovirus was predominant but in November, December and January, Type II and Type III were the predominant strains isolated. It appeared that the epidemiological pattern was changing.

111. A mass vaccination campaign, using a Sabin trivalent oral vaccine, had been planned to take place in two phases in January and March 1963. The first phase in the urban areas covered ten days from 2nd to 11th January, and oral vaccine was given to children in the age group most at risk, namely those aged between 6 months and 5 years. The campaign in the New Territories was extended to the 31st March to cover the small and more isolated village communities, the aim being to 'seed' the virus in each group within as short a time as possible. After the first phase, the incidence of paralytic disease declined sharply

and a committee of clinicians and pathologists investigated fully all cases notified as poliomyelitis which occurred thereafter to ensure that the causative strain was not related to the vaccine virus.

112. The second phase started on the first of March and was again continued for 10 days with an extension to the end of the month for the rural village communities.

113. During these two phases a total of 389,992 children received the oral vaccine which represents 66% of the child population aged 5 years and under.

114. Notifications of poliomyelitis fell sharply after the first feeding of the oral vaccine and during February and March only 13 and 4 cases respectively were reported.

115. This vaccination campaign had been planned some six months ahead to take place early in 1963, during the months of minimal circulation of the entero-viruses as gauged by surveys carried out during the two previous years. It seems certain that there was a change in the epidemiology and that a most unexpected outbreak of poliomyelitis due to Type II and Type III strains was halted by the oral vaccination campaign. The results of the campaign are now being assessed and it is hoped to publish a paper in the scientific press later in 1963.

116. In order to assess the antibody response to the vaccine, blood specimens were taken before vaccination from 194 children. Of these, 79 with no polio-antibodies were selected for follow up, all being in the age group 6 to 12 months. Rectal swabs were taken from the children prior to the feeding of the vaccine and out of 71 tested only 2 were positive for poliovirus. The overall percentage of triple negatives for polio antibodies in the age group 6 to 12 months was 40.5% and the most susceptible age group was below 9 months. Conversion rates were very satisfactory for Type II (98.5%) and Type III (95%) but for Type I the rate was only 66%, which may have been due to interference by other viruses at a time of year when the enterovirus carrier rate is known to be rising.

117. These same children were further investigated to ascertain the establishment of the vaccine in the intestinal tract. The average duration of excretion of vaccine poliovirus after feeding was found to be about 4 to 5 weeks. In general Type II was dominant and grew first in most of the children, followed by Type III. In the majority of these children Type I poliovirus appeared after the second feeding of vaccine. This is in accordance with previous world experience.

Ophthalmia Neonatorum

118. 310 cases were reported as compared with 250 in 1961.

Puerperal Fever

119. Two cases, both fatal, were again recorded during the year and both occurred following delivery in the home without the help of a doctor or a qualified midwife.

Scarlet Fever

120. Sporadic cases occurred throughout the year. 19 cases were reported as against 29 in 1961.

Whooping Cough

121. 98 cases with no deaths were notified as against 47 with 1 death in the previous year.

OTHER COMMUNICABLE DISEASES WHICH ARE NOT NOTIFIABLE

Influenza

122. The notification of influenza is entirely voluntary. Cases reported during the year numbered 6,374 with 39 deaths compared with 6,223 and 39 in 1961. The A2/57 (A/Asian 57) strain was active during the year as indicated by twelve isolates obtained at intervals from throat washings.

Tetanus

123. There were 139 cases notified during the year of which 82 occurred in new-born infants, mostly among those delivered at home, in villages situated in the New Territories. In such cases, assistance by an untrained person, the use of unsterile material and instruments and the common practice of applying raw ground ginger root to the umbilicus as a styptic combine to give a grave risk of tetanus neonatorum. Children attending Maternal and Child Health Centres are given routine immunization against tetanus using the toxoid preparations. The health education of parents and others in the areas most affected is a slow process, despite the very considerable efforts of the health staff of the New Territories.

TABLE 4

SPECIFIC MORTALITY RATES OF SOME NOTIFIABLE INFECTIOUS DISEASES 1962

| <i>Disease</i> | <i>Cases</i> | <i>Deaths</i> | <i>Case fatality rates %</i> | <i>Proportional Mortality rates per 100 deaths from all causes</i> | <i>Specific death rates per 100,000</i> |
|----------------------------------|--------------|---------------|------------------------------|--|---|
| Cholera | 11 | 1 | 9.09 | 0.005 | 0.029 |
| Amoebiasis | 195 | 9 | 4.62 | 0.044 | 0.264 |
| Dysentery { Bacillary | 789 | 9 | 1.64 | 0.64 | 0.381 |
| { Unspecified | 6 | 4 | | | |
| Enteric Fever { Typhoid | 772 | 18 | 2.33 | 0.089 | 0.528 |
| { Paratyphoid | 54 | 3 | 5.55 | 0.015 | 0.088 |
| Poliomyelitis | 363 | 52 | 14.33 | 0.256 | 1.525 |
| Cerebrospinal Meningitis | 50 | 35 | 70.00 | 0.172 | 1.026 |
| Diphtheria | 1,022 | 102 | 9.98 | 0.502 | 2.991 |
| Measles | 2,317 | 326 | 14.07 | 1.604 | 9.561 |
| Puerperal Fever | 2 | 2 | 100.00 | 0.010 | 0.058 |
| Tuberculosis | 14,263 | 1,881 | 13.19 | 9.255 | 55.166 |

Notes: 1. Total deaths from 1.1.62 to 31.12.62 were 20,324.
2. Estimated population for mid-1962 was 3,409,700.

TUBERCULOSIS

124. Mention has already been made of the visit of Professor F. HEAF, C.M.G., the Adviser on Tuberculosis to the Secretary of State for the Colonies and of Dr. Wallace Fox of the Medical Research Council Tuberculosis Research Unit in London. The pattern for the existing Government Tuberculosis Service was determined in 1952 and a review of the organization which has developed over the past 10 years for the control of tuberculosis and the results of that policy was timely. The Report submitted and the recommendations made are still under consideration by Government.

125. Broadly speaking, the policy has been to protect those most vulnerable to the fatal post-primary manifestations of the disease by vaccination with B.C.G., to provide outpatient facilities for the ambulatory treatment of as many tuberculosis patients as possible and to reserve the limited hospital accommodation for the care and treatment of those patients not responding to ambulatory treatment or in need of surgical operations to hasten recovery. With the magnitude of the problem presented by an incidence of active disease of 2% of the adult population it has been physically and financially impossible to provide institutional care of the order entailed if all infectious cases were to be isolated.

126. The measurements that can be applied to assess the results of this policy have been largely in connexion with mortality rates. The total morbidity and the pattern of morbidity have not yet been detailed and will not be until a scientifically based investigation can be carried out on a comprehensive scale. However, certain morbidity trends are emerging which indicate a pronounced shift in the distribution of the disease within the various age groups affected. In short, the youngest age groups now show a definite response to the preventive measures applied, while morbidity and mortality are heaviest in the adult population. Accordingly, while the general incidence of the disease remains about the same level, the heaviest morbidity and the categories of disease most resistant to treatment tend to be concentrated in the age group of 45 years and above. That this is a legacy of the influx of refugees some twelve years ago, who are living longer with well established fibro-caeous disease, which is partially or wholly resistant to treatment with first line drugs, there seems to be no doubt.

Tuberculosis Mortality

127. The number of deaths recorded from all forms of tuberculosis during 1962 was 1,881 compared to 1,907 in 1961 although the deaths recorded from all pulmonary manifestations of the disease actually increased from 1,592 in 1961 to 1,654 in 1962. The mortality rate has nevertheless continued its downward trend and there has again been a substantial fall in the percentage of tuberculosis deaths under the age of five years related to the total tuberculosis deaths.

TABLE 5
DEATH RATES FROM TUBERCULOSIS 1952-62
TUBERCULOSIS

| Year | Population | Death rate per 100,000 | Percentage of Total deaths | Percentage of tuberculosis deaths below 5 years |
|------------|------------|---------------------------|-------------------------------|--|
| 1952 | 2,250,000 | 158.8 | 18.4 | 34.3 |
| 1953 | 2,250,000 | 130.6 | 16.0 | 36.2 |
| 1954 | 2,277,000 | 126.3 | 14.9 | 31.2 |
| 1955 | 2,340,000 | 120.0 | 14.7 | 28.0 |
| 1956 | 2,440,000 | 107.0 | 13.6 | 25.0 |
| 1957 | 2,583,000 | 103.6 | 13.9 | 21.2 |
| 1958 | 2,748,000 | 83.8 | 11.2 | 19.6 |
| 1959 | 2,857,000 | 76.2 | 10.7 | 19.2 |
| 1960 | 2,981,000 | 69.9 | 10.8 | 10.5 |
| 1961 | 3,177,700 | 60.0 | 10.2 | 11.5 |
| 1962 | 3,400,300 | 55.3 | 9.25 | 5.74 |

128. The marked reduction in the tuberculosis mortality in children under five is attributed to the vaccination of new-born babies with B.C.G. This practice, started in 1952, now has wide acceptance both by parents and by all agencies engaged in midwifery. In 1952 only 4.33% of new-born babies received B.C.G. but with increasing co-operation by all persons engaged in midwifery this has now risen to 81.59% of all births registered in 1962.

129. In the adult age groups, between 1952 and 1962, the average age of death from tuberculosis has risen from 25 years to 46 years, and this shift of mortality has been most obvious in relation to pulmonary disease which accounts for 87.9% of all tuberculosis deaths. During the same period, the total deaths from pulmonary tuberculosis have fallen by 32.7% and the change in the pattern is illustrated in Table 6 below.

| <div>TABLE 6</div> <div>AGE VARIATION IN TUBERCULOSIS MORTALITY 1952-62</div> <div>(Expressed as percentage of 1952 figures)</div> | | | | |
|--|----------------------|-------------------|--------------------|----------------|
| <i>All Ages</i> | <i>Under 5 years</i> | <i>5-44 years</i> | <i>45-59 years</i> | <i>Over 60</i> |
| Minus 32.7% | Minus 96.5% | Minus 61.2% | Plus 20.7% | Plus 130.3% |

130. In addition to the ageing of the population of Hong Kong, there are two further factors which have a bearing on this situation. The first is that the introduction of effective chemotherapy is prolonging substantially the life of patients with chronic fibro-caseous disease, and the other is the prevalence of the disease among the older people coming into Hong Kong from China.

Tuberculosis Morbidity

131. During the past decade, the annual notifications of cases suffering from tuberculosis have varied in number between 12,000 and 15,000. The origin of such notifications during 1962 was as detailed in Table 7.

| <div>TABLE 7</div> <div>NOTIFICATIONS OF TUBERCULOSIS (ALL AGES) 1962</div> | | | | | |
|---|-----|-----|-----|-----|---------------|
| Government Chest Clinics | ... | ... | ... | ... | 10,691 |
| Other Government Institutions | ... | ... | ... | ... | 1,680 |
| Tung Wah Group of Hospitals | ... | ... | ... | ... | 801 |
| Other Non-Government Institutions and Private Practitioners | | | | | 1,091 |
| | | | | | <u>14,263</u> |

132. The total of 14,263 notifications is some 1,679 more than that of the previous year and can be attributed to the large influx of immigrants during the months of April and May and to the increasing co-operation by private practitioners in notification.

133. The morbidity rate of the disease, as measured by the ratio of notifications for each 100,000 of population, has declined from the peak figure of 689 in 1951 to 419 in 1962, the lowest figure have been 396 in 1961. As in the mortality figures, there has been a marked change in the age distribution of reported cases; since 1954, the incidence rate amongst children under five years of age has declined by 83.6%, while that for all persons over that age has fallen by only 15%.

134. The decline in the incidence of the disease in children under five is attributed to the increasing acceptance of B.C.G. vaccination. Despite the fact that a considerable proportion of these young children lose their tuberculin sensitivity within a period of two years after vaccination, it does appear that some degree of protection nevertheless persists. In Hong Kong an investigation has shown that, in common with experience elsewhere, the actual drop in sensitivity over a period of 18 months amongst previously known reactors was 33%. Revaccination with B.C.G. on entry to school is at present being considered and preliminary investigations regarding the procedures to be adopted, and their extent, are under way.

135. According to the notifications received, tuberculous meningitis in children under five has been slow to respond to control measures and it was thought that one reason may be that the total may have been inflated by errors in diagnosis. During the year a system of cross-checking of the notifications and the diagnosis was introduced, since when the total number of deaths recorded as due to tuberculous meningitis has fallen from 165 to 79.

136. In the past, when an individual attended a Government Chest Clinic for the first time, no inquiries as to origin have been made. Early in 1962, it appeared that the proportion of patients recently arrived in the Colony who were attending had increased considerably and an investigation into the incidence of imported disease was started. From this survey it appeared to be reasonable to conclude that attendances at Chest Clinics were relatively heavy among those who had resided in the Colony for six months or less, and that among this group there was a greater proportion of extensive disease, and a higher proportion of drug resistant disease.

137. Following on this investigation, there occurred the mass entry of illegal immigrants in April and May and between June and September over 68,000 of this group applying for registration were submitted to a chest X-ray. This group had a much more average age and sex distribution than the previous group of arrivals investigated early in the year and they were more preoccupied with getting work than with medical treatment. Preliminary assessments indicate that in the younger age groups of the illegal immigrants, tuberculosis was less prevalent than in the urban population of Hong Kong, but that in the elderly immigrants some 15% had active tuberculosis. Also amongst the immigrants 81% of the active disease was resistant to one or more of the drugs in standard use, namely streptomycin, INAH and P.A.S.

138. The major problem now facing the tuberculosis control services is the detection and treatment of pulmonary disease in the elderly, many of whom are suffering from extensive and drug resistant disease.

Work of the Government Tuberculosis Service

139. All cases attending the Government Chest Clinics are given treatment free, irrespective of origin. The increasing volume of work undertaken at the Government Chest Clinics during the past five years is detailed in Table 8.

TABLE 8

WORK OF GOVERNMENT CHEST CLINICS 1958-62

| | 1958 | 1959 | 1960 | 1961 | 1962 |
|---|---------|-----------|-----------|-----------|-----------|
| First attendances | 39,454 | 39,008 | 35,991 | 40,146 | 43,519 |
| Cases of tuberculosis discovered .. | 12,270 | 14,406 | 12,937 | 15,270 | 16,541 |
| Total attendances for treatment .. | 803,326 | 1,655,100 | 2,001,960 | 2,204,058 | 1,901,425 |
| Under treatment from previous year | 9,132 | 13,733 | 16,062 | 16,433 | 17,714 |
| Started treatment during the year .. | 11,546 | 11,357 | 12,617 | 12,381 | 12,190 |
| Completed treatment | 1,048 | 2,064 | 3,724 | 3,776 | 4,935 |
| Failed to attend | 3,048 | 5,391 | 4,975 | 4,987 | 5,371 |
| Admitted to hospital from chest clinics | 1,511 | 1,587 | 1,592 | 889 | 921 |
| Still on treatment at end of year .. | 13,733 | 16,062 | 16,433 | 17,714 | 17,372 |

140. Treatment at the Chest Clinics is by ambulatory chemotherapy, which includes daily injections of streptomycin six days each week combined with oral PAS and INAH, for a period of six months. At the end of this period, the oral therapy is continued for a period of up to two years from the start of treatment. Some chronic cases with positive sputum are maintained for long periods on INAH with the

intention of ultimately rendering them ‘catalase negative’. Hospital admission is arranged for those patients whose treatment can be expedited by surgical or other means or who, for medical or very pressing social reasons, require in-patient treatment.

141. There are four full-time Government Chest Clinics which, in addition to normal day-time working, offer one evening diagnostic session each week. Part-time clinics are maintained at twelve other centres and a sessional advisory service is provided at four other centres maintained by voluntary agencies. In addition to these specialized sessions, routine sessions are provided for the daily injections of streptomycin at a number of centres, for the convenience of patients who cannot travel regularly to the full-time clinics.

142. Case-finding is not practised on any scale as the available services are already heavily committed to the care of those patients who present with active disease. All Government employees undergo an annual X-ray examination and similar surveys are undertaken, on request, of employees in industrial concerns and private institutions, subject to certain conditions concerning sick-leave and re-employment for persons found suffering from active disease. Otherwise, little case-finding is performed, but this aspect of the control programme will require detailed consideration in the near future. The results of surveys undertaken during the year are shown in Table 9.

TABLE 9
X-RAY SURVEYS—1962

| | <i>Government Employees</i> | <i>Conditional Surveys</i> | <i>Prisoners</i> |
|--------------------------------|---------------------------------|--------------------------------|------------------|
| Total examined | 39,232 | 20,019 | 5,852 |
| Clinically re-examined | 5,311 | 2,009 | 1,036 |
| Active tuberculosis | 408 | 412 | 323 |
| Percentage active tuberculosis | 1.04 | 2.06 | 5.52 |

143. Following the diagnosis of a case of tuberculosis, Tuberculosis Workers visit the patient’s home and arrange for the examination of the family and other close household contacts; those under eight years of age are tuberculin tested and those over that age are X-rayed. During the year a total of 17,353 contacts were fully investigated, the findings being detailed in Table 10.

TABLE 10
CONTACT EXAMINATIONS 1961-62

| | | | | | | | |
|--|-----|-----------------|-----|-----|-----|--------|--------|
| <i>Under 8 years of age</i> | | | | | | 1961 | 1962 |
| Tuberculin Tests | { | Negative | ... | ... | | 831 | 611 |
| | | Positive | ... | ... | | 3,102 | 3,493 |
| Clinical findings of contacts showing Positive Mantoux | { | Active T.B. | ... | ... | | 92 | 95 |
| | | Inactive T.B. | ... | ... | | 125 | 200 |
| | | Suspicious T.B. | ... | | | 510 | 453 |
| | | Free of T.B. | ... | ... | | 2,375 | 2,803 |
| Percentage of Contacts found to have active tuberculosis | ... | ... | ... | ... | ... | 2.34% | 2.31% |
| <i>Over 8 years of age</i> | | | | | | | |
| Result of clinical examination following 'Contact' X-rays | { | Active T.B. | ... | ... | | 421 | 289 |
| | | Inactive T.B. | ... | ... | | 665 | 374 |
| | | Suspicious T.B. | ... | | | 1,002 | 753 |
| | | Free of T.B. | ... | ... | | 12,390 | 11,775 |
| Percentage of contacts found to have active tuberculosis | ... | ... | ... | ... | ... | 2.91% | 2.11% |

Tuberculin Testing and B.C.G. Vaccination

144. Mention has been made previously of the effect of B.C.G. vaccination of the new-born. However, some 20,000 unvaccinated infants are added to the community each year, but this number is appreciably reduced through the Maternal and Child Health and School Health Services where tuberculin testing is carried out on children not known to have received B.C.G. vaccination at birth. During the year, 52,634 children were tuberculin tested in Maternal and Child Health Centres and schools of whom 25,996 were negative and received B.C.G. vaccination.

145. Children under three years of age who have not had B.C.G. but who show a positive tuberculin reaction are given INAH for one year in an effort to minimize the risks of a progressive primary tuberculosis. During the year 88 such children were discovered at the chest clinics and a further 100 through the Maternal and Child Health Service. There were thus 188 under treatment during 1962 as compared to 147 during 1960.

Surgical Tuberculosis

Thoracic Surgery

146. Outpatient sessions for patients who need or have had chest surgery are held at the Wan Chai Chest Clinic by the Government Specialist in Thoracic Surgery and the Thoracic Surgeon from the Grantham Hospital. These sessions are held weekly and fortnightly respectively. In consultation with the staff of the Clinic, cases undergoing ambulatory chemotherapy who require surgical investigation or treatment are seen by the Thoracic Surgeons and the lines of investigation and treatment are planned. Thereafter, the patients are admitted to the Grantham Hospital; on discharge the subsequent follow-up takes place at the Wan Chai Clinic.

147. The numbers of cases seen during the past 3 years have been :

| | | | | <i>Government Thoracic Surgeon</i> | | | <i>Grantham Thoracic Surgeon</i> | | |
|------------------------|----|----|----|--|-------------|-------------|--------------------------------------|-------------|-------------|
| | | | | <i>1960</i> | <i>1961</i> | <i>1962</i> | <i>1960</i> | <i>1961</i> | <i>1962</i> |
| First attendances | .. | .. | .. | 103 | 112 | 137 | 147 | 125 | 108 |
| Subsequent attendances | .. | .. | .. | 803 | 891 | 926 | 262 | 321 | 355 |
| Total | .. | .. | .. | 906 | 1,003 | 1,063 | 409 | 446 | 463 |

Orthopaedic Surgery

148. Outpatient sessions are conducted at the Sai Ying Pun and Kowloon Chest Clinics for patients with bone and joint tuberculosis and are maintained jointly by the University Consulting Orthopaedic Surgeon, who is the Professor of Orthopaedic Surgery, and the Government Orthopaedic Specialist. Additional sessions are also held by the permanent staff at these two centres for patients requiring routine treatment and supervision. The surgery is carried out at the Grantham Hospital. Thereafter, routine medical treatment and ancillary services such as physiotherapy, the fitting of appliances and medical social work are carried out by the personnel attached to the relevant clinic.

149. Attendances at these sessions over the past four years have been :

| | | | | <i>1959</i> | <i>1960</i> | <i>1961</i> | <i>1962</i> |
|------------------------|-----|-----|-----|-------------|-------------|-------------|-------------|
| First visits | ... | ... | ... | 617 | 441 | 415 | 397 |
| Subsequent attendances | ... | ... | ... | 3,503 | 4,001 | 4,618 | 3,685 |
| Total | ... | ... | ... | 4,120 | 4,442 | 5,033 | 4,082 |

150. The analysis of the location of bone and joint disease in the new cases presenting has been :

| | | | | | 1959 | 1960 | 1961 | 1962 |
|------------------------|-----|-----|-----|-----|------------|------------|------------|------------|
| Spine | ... | ... | ... | ... | 303 | 202 | 197 | 197 |
| Hip | ... | ... | ... | ... | 125 | 94 | 115 | 109 |
| Other bones and joints | ... | ... | ... | ... | 189 | 145 | 103 | 91 |
| Total | ... | ... | ... | ... | <u>617</u> | <u>441</u> | <u>415</u> | <u>397</u> |

151. The number of cases presenting with orthopaedic tuberculosis has again shown a reduction. This is mainly a post-primary disease with a predilection for children between the ages of 6 and 12 years. Although post-primary tuberculosis in Hong Kong is diminishing rapidly, its incidence in this particular age group has not yet been materially affected. It is expected that the total of cases of orthopaedic tuberculosis will decline markedly within the next four years when children vaccinated with B.C.G. during the period 1957 to 1959 move into this susceptible age range.

Radiology

152. The total number of examinations carried out during 1962 on behalf of the Tuberculosis service by the Radiology Branch of the Department was 263,982 as compared with 305,088 in 1961, and almost one-third of these were performed by the use of 35 mm. or 70 mm. films. The static and mobile X-ray units attached to the Tuberculosis Service are maintained and operated by the Government Senior Radiological Specialist and his staff. There is a very close co-operation and consultation between the Tuberculosis and the Radiological Services in all aspects of the diagnostic and routine supervisory radiology.

Bacteriology

153. The Government Institute of Pathology undertakes all bacteriology for the Tuberculosis Service. The number of direct smear examinations rose from 47,984 in 1961 to 86,281 during 1962, while culture and resistance examinations accounted for a further 13,710 procedures as against 12,000 in the previous year. In addition an investigation was carried out during the year on the sensitivity of the organisms from new patients attending the tuberculosis clinics for the first time. This survey is as yet incomplete, but preliminary results indicate a very high level of primary drug resistance, i.e. a large percentage of patients who deny previous treatment for tuberculosis are found to be excreting resistant bacilli.

Medical Social Work

154. One Senior Almoner, eleven Almoners and 55 Tuberculosis Workers are attached to the Tuberculosis Service. Their responsibilities include the interviewing of patients and their families, arranging hospital admission, hospital visiting, the home visiting and supervision of patients on ambulatory chemotherapy, assistance in money and in kind and rehabilitation.

155. As soon as the diagnosis of tuberculosis is confirmed all patients requiring treatment or supervision are interviewed. The original interview is a comprehensive one and is based as far as possible on all future requirements while under treatment. During the year 11,754 new patients were interviewed, a slight increase on the previous year's figure although the total number of interviews was 33,412, being a fall of 10% as compared to 1961. Much additional interviewing is done subsequently by the Almoners' Clerks, who also maintain treatment record cards and distribute drugs to be taken routinely by mouth.

156. Admissions and re-admissions to hospital from the chest clinics are arranged by the Almoners and this involves documentation, the financial aspects, advice to employers of patients being admitted to hospital and the maintenance of waiting lists. While the majority of patients still express a preference for hospital treatment, there is a growing number who express preference for out-patient treatment. Due to increased pressure, the reasons for which have been outlined previously, the beds available for hospital treatment were in greater demand during the year and the number of persons on the waiting list at the end of 1962 was 374 as compared to 273 in December, 1961.

157. Ward rounds by Almoners, in company with the medical staff, are carried out as a routine and each patient is normally seen individually at least once each month as well as by appointment if required.

158. The Almoners' Section is responsible for the preparation and maintenance of attendance registers of patients on outpatient therapy. After the initial interview by an Almoner, a Tuberculosis Worker pays a visit to the home, gives advice on hygiene and makes arrangements for contact examinations. In addition, irregularity of treatment or non-attendance is followed up by home visits. However, because of limited staff, much of the routine regular visiting has to give place to visits connected with irregular attendances or default from treatment. Patients are allocated on a district basis and the Tuberculosis Worker is attached more or less permanently to her district and works from the relevant

full-time chest clinic. At the chest clinics these workers also assist with reception and documentation duties so that there is a continuing personal contact with the patients both at home and in the clinic, which promotes confidence.

159. The Tuberculosis Workers are recruited from girls of good education and intelligence and are given in-service training for a period of 6 to 12 months before being allocated to their districts. They are not fully-trained nurses nor are they trained social workers.

Assistance to Patients

160. There is a Tuberculosis Assistance Fund available to the Senior Tuberculosis Almoner which amounted to \$300,000 in 1962. Assistance to the dependants of patients under treatment in hospital is the principal object and disbursements are made on a formula based on previous family income and the continuing family commitments. During the year 280 families received an average weekly grant of \$26.38, as compared to \$24.61 in 1961. In addition, milk powder issued on the basis of one pound each week to each patient was a charge on the fund. Miscellaneous disbursements such as travelling expenses of patients coming from outlying districts for X-ray were also made from the Fund. Surgical appliances for cases of orthopaedic tuberculosis were given to 93 patients at a cost of \$6,964, of which \$3,947 came from the Assistance Fund, the remainder being subscribed either by the patient or by voluntary agencies.

161. Another source of assistance is the Samaritan Fund at the disposal of the Principal Almoner. A total of \$3,416.20 was given for travelling expenses such as are incurred by orthopaedic cases attending clinics.

162. Donations in kind of rice, noodles, cooking fat, beans, clothing and blankets were also made possible through the generosity of C.A.R.E.

163. When it is not possible or expedient to assist patients from the resources available to the Tuberculosis Service they may be referred to other agencies such as the Social Welfare Department, the Family Welfare Society, Foster Parents Inc., and many other similar organizations. A total of 283 patients were thus referred to other welfare agencies for assistance.

Rehabilitation

164. Ambulatory treatment for the majority of patients who attend the Government Clinics means that the greatest number can continue at work, or spend relatively short periods in hospital before returning to

their jobs. However, there is a considerable proportion of patients, in the 40-45 age group, of unskilled workers with chronic disease who have undergone thoracic surgery and who present a difficult re-employment problem. The Lutheran World Federation operates a rehabilitation scheme whereby patients recommended by organizations dealing with the treatment of tuberculosis are resettled either in agriculture, in small home industries or in other suitable employment. The total number of patients referred during the year to the Lutheran Tuberculosis Project was 56, as compared to 58 in 1961. There is very close consultation and co-ordination with the Government staff by the personnel of this project which offers every promise of success and a much wider field of constructive rehabilitation.

Hospital Services

165. The magnitude of the Tuberculosis problem in Hong Kong is such that it is not physically possible to segregate and treat in hospital all cases of active open tuberculosis. The place of ambulatory chemotherapy, recently assessed on a scientific basis in Madras, has proved itself in practice over the past ten years in Hong Kong. However, hospital beds are necessary to any system of control and treatment and they play an essential role in Hong Kong. While Government has established and developed outpatient facilities on a major scale, the provision of hospital services has been predominantly the role of the voluntary agencies largely subsidized by Government. Thanks to the practical co-operation of the voluntary agencies, a co-ordinated system of hospitalization has been developed over the years.

166. During 1962 there were 1,748 beds set aside full time for the inpatient treatment of tuberculosis, 52% of which are in the two tuberculosis hospitals and the convalescent home maintained by the Hong Kong Anti-Tuberculosis Association. The other institution dealing exclusively with tuberculosis is the Haven of Hope Sanatorium at Junk Bay in the New Territories.

167. Beds for tuberculosis in Government Hospitals are in the Lai Chi Kok and Cheung Chau Hospitals. During 1962 there were 72 beds at Lai Chi Kok Hospital and 42 beds at Cheung Chau Hospital. The latter are used largely for young adolescents with positive sputum who have to be debarred from school until they are sputum negative. The Tung Wah Group of Hospitals maintains tuberculosis beds mainly for patients with disease of long standing.

168. Tuberculosis beds were distributed as follows during 1962:

| | | | | | | |
|--|-----|-----|-----|-----|-----|--------------|
| Government Hospitals | ... | ... | ... | ... | ... | 148 |
| Hong Kong Anti-Tuberculosis Association: | | | | | | |
| Grantham Hospital | ... | ... | ... | ... | ... | 568 |
| Ruttonjee Sanatorium (Including Freni Memorial Convalescent Home) | ... | ... | ... | ... | ... | 336 |
| Tung Wah Hospitals | ... | ... | ... | ... | ... | 356 |
| Haven of Hope Sanatorium | ... | ... | ... | ... | ... | 230 |
| Private hospitals | ... | ... | ... | ... | ... | 110 |
| Total | ... | ... | ... | ... | ... | <u>1,748</u> |

169. The Lai Chi Kok and Tung Wah Eastern Hospitals provide emergency tuberculosis beds for the admission of acute emergencies, such as haemoptysis and pneumothorax, which are brought to the two Casualty Departments of the Queen Mary and Kowloon Hospitals. Such cases are admitted either direct or as soon as resuscitation has been effected at the receiving hospital and the patients are fit to move. These are temporary arrangements until such time as a new wing with emergency facilities is available at the Ruttonjee Sanatorium and the present Kowloon Hospital is converted to its future role, which will include a tuberculosis unit of 184 beds, after the Queen Elizabeth Hospital has become fully functional early in 1964.

The Work of the Voluntary Agencies

The Hong Kong Anti-Tuberculosis Association

170. This is the largest and longest-established of the voluntary agencies working exclusively in the field of tuberculosis. It maintains two hospitals and one convalescent home, containing a total of 904 beds, a B.C.G. Clinic, an outpatient clinic for the follow-up of discharged patients and a Tuberculosis Insurance Scheme. Supported by voluntary donations and some endowments, the Association also receives substantial annually-recurrent subventions from Government.

171. The Association works very closely with the Government Tuberculosis Service and now provides in its two hospitals almost exclusively the facilities for thoracic and orthopaedic surgery required for the treatment of tuberculosis. Admissions to both the medical and surgical beds of Grantham Hospital and, to a lesser extent, the Ruttonjee Sanatorium are now largely in respect of patients referred by the Government Chest Clinics although both hospitals also arrange admissions direct for their own referred cases.

The Grantham Hospital

172. Opened in 1957, this hospital is equipped as a modern chest hospital. An extension which was completed early in 1963 provided an additional 84 beds to make the total 624, and also contains a physiotherapy department and a school for the training of nurses for the British Tuberculosis Association Nursing Certificate. Run on a fee-paying non-profit making basis, the hospital provides private, semi-private and general ward accommodation for fees of \$35, \$24 and \$18 a day respectively. During 1962, Government maintained 492 of the beds in the general wards, including 48 beds in the new extension. Government also provides the clinical staff for 252 beds and undertakes the medical social work for patients in the 492 beds it maintains. The follow-up of patients discharged from these beds is undertaken at the Government Chest Clinics.

173. For purposes of clinical supervision of Government-sponsored patients within the hospital, there are the Grantham Pulmonary Unit of 240 medical and surgical beds, the Government Pulmonary Unit of 138 medical and 34 surgical beds and the joint Grantham-Government Orthopaedic unit of 80 beds. The Medical Superintendent, responsible to the Grantham Hospital Management Board, is in charge of the medical administration of the hospital and has clinical charge of the Grantham Pulmonary Unit medical beds. The Grantham Thoracic Surgeon has clinical charge of the surgical beds in that Unit. The medical and surgical beds in the Government Pulmonary Unit are under the clinical supervision of the Government Senior Tuberculosis Specialist and the Government Specialist Thoracic Surgeon respectively. The orthopaedic beds are in the clinical charge of a visiting consultant in Orthopaedics. All staff throughout the hospital is provided by the Association with the exception of Government Medical Officers posted to the Government clinical units whose salaries are recovered from the Association. The Government Specialists act as consultants and no charge is made for their services.

The Ruttonjee Sanatorium and Freni Memorial Convalescent Home

174. These two units are the responsibility of the Ruttonjee Sanatorium Management Board and are run as one. In the Sanatorium of 226 beds, medical, surgical and orthopaedic work is carried out, while the Convalescent Home of 110 beds is for patients who are under drug treatment but sufficiently well not to be in need of special nursing care. Consultant services are supplied by the University Professorial Units of Medicine, Surgery and Orthopaedics. Medical and Senior Nursing staff are provided by the Sisters of the St. Columban Missionary Order.

175. In addition, the medical staff of the Sanatorium maintain the B.C.G. and 'follow-up' clinic in the Association's Headquarters situated next door to the hospital, and undertake the X-ray and medical work in connexion with the Tuberculosis Insurance Scheme.

176. The work done at the Ruttonjee Sanatorium and the Freni Memorial Convalescent Home during the year ending 31st March, 1963 was as follows:

TABLE 11

| ADMISSIONS TO THE RUTTONJEE SANATORIUM AND FRENİ MEMORIAL CONVALESCENT HOME | | | | | | 1960 | 1961 | 1962 |
|--|-----|-----|-----|-----|-----|------------|------------|------------|
| Adults through Government Clinics | ... | ... | | | | 350 | 289 | 439 |
| Children (Pulmonary) through Government Clinic | | | | | | 52 | 31 | 34 |
| Children (Orthopaedic) through Government Clinic | ... | ... | ... | ... | ... | 39 | 56 | 85 |
| Other admissions and re-admissions | ... | ... | | | | 252 | 302 | 427 |
| Total | ... | ... | ... | ... | ... | <u>693</u> | <u>678</u> | <u>985</u> |

The Tung Wah Hospitals

177. This group of three hospitals has a varying total of between 250 and 350 beds occupied by patients with tuberculosis. These beds are almost entirely occupied by cases of a chronic type and the turnover is accordingly relatively slow. No special subvention is made to support these beds as the total recurrent expenditure of the group is met by a Government subvention. In the busy maternity wards of these hospitals the B.C.G. vaccination of new-born babies is carried out by the Government Tuberculosis Service staff.

The Haven of Hope Sanatorium

178. Maintained by the Junk Bay Medical Relief Society, this inter-denominational Protestant Mission Sanatorium provides 230 beds for the medical treatment of tuberculosis. No major surgical or orthopaedic work is undertaken. The Sanatorium staff also maintain a tuberculosis out-patient and 'follow-up' clinic at nearby Rennies Mill and carry out some tuberculosis survey work amongst the villagers in the Junk Bay area. Government maintains 80 beds in the Sanatorium for the free treatment of New Territories villagers and also gives a small annual grant towards the cost of the X-ray survey work.

Other Voluntary Agencies

179. The Lutheran World Service developed in 1961 a pilot rehabilitation scheme for patients with arrested or cured tuberculosis. This scheme has now become well-established and its activities are being expanded as additional facilities become available.

Private Hospitals

180. There are 110 beds provided in private hospitals, some of which are classed as charity beds in which treatment is given at low cost or free. There is also a considerable amount of ambulatory chemotherapy given by private practitioners, but there is no information at present available either on the numbers of patients under treatment or the results of treatment.

MALARIA BUREAU

181. The Malaria Bureau, under the direction of the Specialist (Malariology), is responsible for all malaria control operations throughout the Colony and, in certain instances, also undertakes the control of the breeding of culicine mosquitoes. In addition, lectures are given on malaria and allied subjects to various groups of health personnel under training, and expert advice is given as required to the Armed Services, to the Pest Control Unit of the Urban Services Department, to Hei Ling Chau Leprosarium, and to Her Majesty's Prisons in the New Territories.

Control Operations

182. The important malaria vectors are *A. minimus* and *A. jeyporiensis* var. *candidiensis*. Malaria control in the urban areas is based chiefly on anti-larval measures consisting of training and clean weeding of hill streams, ditching and oiling. Anti-malaria oil continues to be employed as the main larvicide, although Gammexane Dispersible Powder and Diazinon are also used on a limited scale in areas where the application of oil is unsuitable, such as in rice fields and irrigation ditches leading from seepages to rice cultivation. The urban control programme includes Hong Kong Island and, in Kowloon, an area extending from just beyond Lai Chi Kok in the West to Lei Yue Mun in the east, and as far north as the Kowloon Reservoir. Also included in the programme are certain circumscribed rural areas in the New Territories such as Rennie's Mill, the township on Cheung Chau Island, Chi Ma Wan Open Prison and the Shek Pik dam site in the South of Lantau Island.

183. The results of anti-larval operations, as checked by routine adult mosquito catches and larval collections, are satisfactory and the incidence of natural malaria transmission in the controlled areas continues to be virtually nil.

184. In most of the New Territories, control by anti-larval or anti-adult measures is at present impracticable because of the scattered population, the widespread traditional wet cultivation, and the unprotected contiguous borders and islands. The main line of defence against malaria for disciplined groups stationed in the New Territories therefore consists of such anti-larval measures as may be practicable in their immediate vicinity, screening where possible, and chemo-prophylaxis.

185. The cost of control measures during the year was 33 cents per head of population protected.

Incidence of Malaria

186. Malaria is a notifiable disease, and the returns of the past five years are set out in Table 12.

TABLE 12
MALARIA 1958-62

| Year | | | | | | | Cases Notified | Deaths |
|-------|-----|-----|-----|-----|-----|-----|----------------|--------|
| 1958 | ... | ... | ... | ... | ... | ... | 659 | 1 |
| 1959 | ... | ... | ... | ... | ... | ... | 442 | 1 |
| *1960 | ... | ... | ... | ... | ... | ... | 833 | — |
| 1961 | ... | ... | ... | ... | ... | ... | 812 | 1 |
| 1962 | ... | ... | ... | ... | ... | ... | 794 | — |

* The taking of routine blood smears of all febrile children of 10 years and younger attending Government clinics in the rural areas was instituted in 1960.

187. 91.1% of all cases notified were from outside the protected areas; 53.9% of the cases came from the area surrounding the town of Sai Kung on the east coast and 11.6% of the total from Lantau Island. Of the parasites identified 98.2% were *P. vivax*, 1.3% *P. malariae* and 0.5% *P. falciparum*.

188. Malariometric indices obtained from a survey carried out during the year in children between 2 and 9 years of age in 11 villages in the New Territories showed that the endemicity of malaria varied in different areas. Spleen rates ranged from 0% to 9% and parasite rates from 0% to 14.19%. A similar survey carried out during the previous year in 14 other villages gave spleen and parasite rates ranging from 0% to 40.2% and 0% to 20% respectively.



The Anne Black Health Centre on Hong Kong Island, which was opened in September, 1962. This building, providing out-patient and maternal and child health facilities, was erected from funds divided equally by Dr. TANG Shiu-kin, C.B.E., LL.D., and his friends, and by Government.



The Child of a fisherman receives her vaccine on a lump of sugar during the mass immunization campaign against poliomyelitis conducted in 1963.

Laboratory

189. The Bureau Laboratory continued to carry out the routine identification of mosquitoes and the examination of blood smears collected at surveys or submitted from outlying dispensaries. Of 1,471 *A. minimus* and *A. jeyporiensis* var. *candidiensis* and 161 other anopheline species dissected during the year, none were found with sporozoites. In addition precipitin tests were carried out for the study of their feeding habits. Other activities of the Bureau included lectures and demonstrations on anti-malaria work to medical students, Health Inspectors and Health Visitors.

SOCIAL HYGIENE SERVICE

190. This service, which is the responsibility of the Social Hygiene Specialist, consists of three branches dealing with dermatology, venereal diseases, and leprosy. Facilities for the diagnosis of skin conditions are of considerable importance in bringing to light cases of latent syphilis and of early leprosy. Accordingly, the service is organized to provide 9 centres for purely dermatology clinics; in addition there are thirteen social hygiene clinics, where venereal infections and leprosy undergo investigation and treatment, although a number of cases of skin disease may also attend these clinics. The Wan Chai Hospital provides in-patient accommodation for the treatment of skin disease in women and children and a few dermatology beds for male patients are available at the Kowloon and Lai Chi Kok Hospitals; in addition, some patients with skin diseases are admitted to the Queen Mary Hospital for teaching purposes.

191. The post of Social Hygiene Specialist which had been vacant since October, 1960, was filled during the year.

Venereal Diseases

192. The venereal disease clinics serve members of the public, seamen of all nationalities, pregnant women referred from Maternal and Child Health Centres and gynaecological clinics, prison inmates, patients in the Castle Peak Hospital, patients referred from the Medical Examination Board, and applicants for emigration to the United States and Canada. Any treatment required is given free of charge. In addition, a large number of dermatological conditions are seen and treated at the venereal disease clinics. There has been, in general conformity with world statistics, a rise in the early syphilis rate during the year, but the incidence has shown no rise in the teenage group of the population as has been the case in U.S.A., the United Kingdom, Australia and Europe.

193. The incidence of gonorrhoea has remained fairly stable, but further control of the disease remains a problem because of difficulty in diagnosis in chronic cases, especially in females. Laboratory methods involving the use of fluorescent microscopy are about to be introduced. Penicillin is normally the first line of treatment but resistance and anaphylaxis continue to increase. Other antibiotics have strict limitations from the points of view of the supervision of administration and of cost. Research into this problem is at present being undertaken.

194. The incidence of early and late latent syphilis continues to fall. This is to be expected if the overall diagnosis and treatment of syphilis over the past ten years has been effective; however, the large influx of immigrants during the year will probably have some affect on the incidence of late latent syphilis as it has in other aspects of public health.

195. Ante-natal blood tests for syphilitic infection are carried out as a routine on pregnant women attending Maternal and Child Health Centres. The following table shows the results over the past seven years. The value of this routine investigation is reflected in the low figures for congenital syphilis in babies under one year.

TABLE 13
ANTE-NATAL BLOOD TESTS 1956-62

| | | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 |
|---------------------------------------|-------|--------|--------|--------|--------|--------|--------|--------|
| No. of Tests (Clinics & Hospitals) | .. .. | 26,083 | 27,330 | 28,026 | 46,932 | 52,068 | 51,449 | 53,954 |
| % of Positive Rate | .. .. | 3.8 | 3.5 | 3.3 | 2.6 | 2.3 | 1.6 | 2.2 |
| No. of Tests (Private Mid-wives) | .. .. | 5,464 | 4,623 | 5,583 | 6,269 | 6,805 | 6,940 | 9,640 |
| % of Positive Rate | .. .. | 3.4 | 2.7 | 3.2 | 2.3 | 1.9 | 1.4 | 1.2 |
| Cases of congenital syphilis recorded | | | | | | | | |
| Under 1 year | .. .. | 19 | 3 | 7 | 10 | 0 | 3 | 11 |
| Over 1 year | .. .. | 64 | 116 | 86 | 131 | 74 | 48 | 66 |

196. The incidence of venereal disease in prostitutes, who attend voluntarily at the Social Hygiene Clinics either through contact tracing or for periodic investigation, has been under review since 1959. Table 14 sets out the results to date.

TABLE 14
VENEREAL DISEASE IN PROSTITUTES

| Year | | | No. of first attendances | V.D. not found | Gonorrhoea | Syphilis | |
|------|----|----|--------------------------|----------------|------------|--------------|-------------|
| | | | | | | Early Latent | Late Latent |
| 1959 | .. | .. | 1,086 | 692 (63.8) | 235 (21.6) | 63 (5.8) | 96 (8.8) |
| 1960 | .. | .. | 952 | 613 (64.4) | 124 (13.0) | 69 (7.2) | 146 (15.4) |
| 1961 | .. | .. | 806 | 585 (72.6) | 124 (15.4) | 31 (3.8) | 66 (8.2) |
| 1962 | .. | .. | 917 | 698 (76.1) | 115 (12.5) | 44 (4.8) | (60 (6.5) |

(Figures in brackets represent the percentage of first attendances.)

Leprosy

197. Sixteen clinic sessions are held weekly in nine centres solely for leprosy patients, while two sessions each week are held in conjunction with other social hygiene clinics; in addition, one session is devoted to the care of leprosy patients suffering from trophic ulcers. During the year 253 new cases of leprosy were treated, of which 113 were lepromatous, 120 tuberculoid and 20 diamorphous types of infection; 464 contacts were also examined. Of the infectious cases, 131, as against 124 in the previous year, were admitted to the Hei Ling Chau Leprosarium which is maintained by the Hong Kong Auxiliary of the Mission to Lepers; a very close liaison is maintained between Hei Ling Chau and the Social Hygiene Service.

198. The treatment of surgical deformities in leprosy patients is carried out at the Maxwell Memorial Hospital at the Hei Ling Chau Leprosarium and a small number of cases have also been admitted to certain Government Hospitals. The rehabilitation of disabled non-infectious patients presents a difficult problem to voluntary agency and Government welfare services. The Hong Kong Society for Rehabilitation has accepted 24 of these patients for trade training.

199. Prostheses devised by the Government Surgical Appliance Centre for patients with disabled and deformed limbs have proved to be of great benefit to the healing of chronic foot ulcers and the rehabilitation of the patients.

Dermatology

200. The dermatological clinics held at the nine centres recorded a total of 6,674 cases referred for an opinion. At the Social Hygiene Clinics there were a further 12,917 first attendance for skin complaints, which is 47.4% of the total of new cases seen at these clinics. Appendix 8 shows the incidence of the types of dermatological conditions seen in clinics.

201. The great majority of cases are those of coccal infections, especially in infants, due to the high humidity and a restricted water supply in the community. Self-medication with herbal preparations and the indiscriminate use of patent remedies give rise to another large group of dermatoses.

202. The incidence of industrial dermatoses remains low despite the increasing number of industrial workers in Hong Kong. The incidence of skin malignancy also remains low.

PORT HEALTH

203. The Port Health Administration is responsible for all measures designed to prevent the introduction of quarantinable infectious diseases into the Colony; for the sanitary control of the ports of entry by sea, air and rail; for the carrying out of the provisions of the International Sanitary Regulations as embodied in the Quarantine and Prevention of Diseases Ordinance and the Asiatic Emigration Ordinance; for the compilation of epidemiological statistics and reports and for the general organization of prophylactic vaccination campaigns. There are also statutory responsibilities under the Hong Kong Merchant Shipping Ordinance. A weekly exchange of epidemiological information is maintained with the World Health Organization Epidemiological Station in Geneva.

204. All persons entering the Colony are subject to a quarantine inspection. Arrivals by sea are inspected at the two quarantine anchorages in Kowloon Bay and off Stonecutters Island respectively; arrivals by air are inspected at Kai Tak Airport and persons crossing the land frontier by rail at the Lo Wu Quarantine post. All immigrants without valid certificates are vaccinated against smallpox.

205. Other routine work carried out includes the deratting, disinsecting and fumigation of ships, sanitary duties in the port and airport, including supervision of water supplies control, measures to keep the port and airport free from *Aedes aegypti*, and inspection of all vessels carrying more than twenty unberthed immigrants. A service rendering medical advice by wireless, on request, to ships at sea is also maintained. In addition to routine work, the Port Health Launches, equipped with stretchers, first aid equipment and radio telephones, provide a sea ambulance service in the port area.

206. Four Port Health inoculation centres are maintained for the convenience of persons requiring International Certificates for travel, two on Hong Kong Island and two in Kowloon, including one at the airport. Vaccinations are also offered free at these centres to members of the public. Inoculators are posted to various centres throughout the Colony and are responsible for the field work in connexion with immunization campaigns which are carried out under the immediate supervision of area Health Officers.

207. The new Terminal Building at the Kai Tak Airport was officially opened by H.E. the Governor on the 2nd November, 1962, and became operative on the 12th November. Out-patient clinic facilities are provided

in the Airport for Government servants working at the Airport and for their families. This clinic includes a vaccination centre for members of the public who require International Certificates of Vaccination and it also serves as a first-aid post.

208. Quarantine restrictions were maintained in respect of the Philippines and the Kwangtung Province, and were applied to Taiwan when it was infected with cholera in July 1962.

209. A case of cholera El Tor, the first to occur since the outbreak in 1961, was confirmed on the 23rd August and the Colony was declared to be an infected local area on that date. Further cases were reported and details of the outbreak are given elsewhere in this report.

DISTRICT MIDWIFERY SERVICES

210. The difficulties attending home deliveries under existing housing conditions and the growing appreciation of the advantages of the skilled attention available in institutions have resulted in a continuing decline in domiciliary midwifery. During the year only 3.5% of all registered births took place in the home and the maternal mortality rate, which has shown a dramatic fall in recent years, remained at the low level of 0.48 deaths per thousand births.

211. It is now Government policy gradually to reduce facilities for domiciliary midwifery and to provide instead beds for normal midwifery in all new clinics constructed in urban areas where the needs of the district warrant this provision. In the New Territories the policy has been, and still continues to be, to include maternity beds in all new clinics. During the year two such clinics were opened in urban areas, namely, the Anne Black Clinic at North Point and the Jockey Club Clinic at Wang Tau Hom providing a total of 31 additional maternity beds.

212. The work of the Government Midwifery Service during 1962 is summarized in Table 15.

TABLE 15
GOVERNMENT MIDWIFERY SERVICE, 1962

| | | | | | |
|--|-----|-----|-----|-----|--------|
| Maternity beds in hospitals | ... | ... | ... | ... | 359 |
| Maternity beds in maternity homes (urban) | ... | ... | ... | ... | 84 |
| Maternity beds in maternity homes (rural) | ... | ... | ... | ... | 147 |
| Midwives (excluding hospitals) | ... | ... | ... | ... | 82 |
| Cases attended (excluding hospitals) | ... | ... | ... | ... | 17,828 |
| Average case-load for each midwife (excluding hospitals) | ... | ... | ... | ... | 217 |

213. Midwives in private practice attended 39.6% of all births, the great majority of these taking place in small maternity homes of from two to six beds. The Supervisor of Midwives, a Government Senior Medical and Health Officer, is responsible for the regular inspection of such homes and for the general supervision of the work of the midwives; in this task, she is assisted by a qualified Health Visitor. The work undertaken in 1962 by the private midwives is outlined in Table 16.

TABLE 16
PRIVATE MIDWIFERY SERVICE, 1962

| | | | | |
|---------------------------------------|-----|-----|-----|--------|
| Number of midwives in active practice | ... | ... | ... | 184 |
| Number of registered maternity homes | ... | ... | ... | 115 |
| Number of beds | ... | ... | ... | 546 |
| Maternity home deliveries | ... | ... | ... | 42,327 |
| Domiciliary deliveries | ... | ... | ... | 2,227 |
| Total deliveries | ... | ... | ... | 44,554 |

214. All midwives are trained to perform vaccinations against small-pox and to administer B.C.G. to new born infants. It is due to the efforts of these midwives, both Government and private, that 81.6% of all children born in 1962 received B.C.G. protection, a measure which has resulted in a dramatic fall in child mortality from tuberculosis.

MATERNAL AND CHILD HEALTH SERVICES

215. In this most important and popular aspect of the work of the Department, which is maintained on a 'well baby' clinic basis, the emphasis is on health education and the prevention of disease. All facilities are provided without charge and, once disease is detected, unless the ailment is minor, the child concerned is referred to the appropriate branch of the curative service for investigation and any necessary treatment. When cured, the patient is encouraged to return to the relevant Maternal and Child Health Clinic. Health Education programmes for groups of mothers in the clinics and of individuals during home visits are permanent and continuing activities of the Health Visitors. In the clinics, all forms of group education are available such as simple talks, film and puppet shows and flannel-graph illustrations; practical demonstrations and group discussions are also widely used, the choice of medium depending on the subject and on the audience.

216. Clinics are held in both full-time and part-time centres and there are sessions for ante-natal and post-natal cases, for infants aged 0 - 2 years and for toddlers aged 2 - 5 years. Close liaison is maintained

between the Maternity Hospitals and the Maternal and Child Health Service to ensure the after-care of infants requiring special attention. The work performed during 1962, as compared with that of 1961, is detailed in Table 17.

TABLE 17
MATERNAL AND CHILD HEALTH SERVICES 1961-62

| | 1961 | 1962 |
|---|---------|---------|
| Number of full time centres | 9 | 9 |
| Number of subsidiary centres | 19 | 21 |
| Number of ante-natal sessions each year ... | 2,131 | 2,195 |
| New ante-natal attendances | 22,995 | 23,203 |
| Total ante-natal attendances | 92,553 | 98,245 |
| Number of post-natal sessions each year ... | 857 | 931 |
| New post-natal attendances | 5,031 | 5,023 |
| Total post-natal attendances | 6,546 | 6,560 |
| Number of infant welfare and toddler sessions each year | 4,815 | 5,103 |
| New infant welfare attendances | 37,735 | 44,348 |
| Total infant welfare attendances | 363,206 | 417,760 |
| New toddler welfare attendances | 8,990 | 9,989 |
| Total toddler attendances | 57,903 | 69,774 |
| Total home visits | 64,167 | 82,231 |

217. A part time maternal and child health centre was opened in the Kwun Tong Resettlement Estate in May 1962, which will, in time, be replaced by a full-time centre in the new Kwun Tong Clinic now under construction. The part-time centre in North Point was replaced by a full-time centre in the Anne Black Clinic which was opened in September 1962, while a new full-time centre was opened in the Wang Tau Hom Jockey Club Clinic in February 1963.

218. Ante-natal and infant welfare clinics continued to be held once a month at Tai O on Lantau Island and infant welfare clinics were held twice weekly in the Wong Tai Sin Resettlement Estate. The total attendance at Government infant and toddler clinics increased by 15.8% and new attendances by 15.5%; only 0.17% of these attending for the first time showed any abnormality.

219. Immunization against diphtheria, whooping-cough and tetanus is given as a routine, using triple vaccine. Smallpox vaccination is given where necessary and children not known to have received B.C.G. are tuberculin tested, those with a negative reaction being offered such protection. Children aged 3 years and under who are tuberculin positive, but without signs of active disease, are given prophylactic I.N.A.H. for a period of one year.

220. The Colony-wide average attendance at each ante-natal session was 44, as against 43 in 1961, and the average attendance by each expectant mother was 4. Post-natal sessions are the least popular and it seems that attendance is exclusively confined to women who either suspect or are conscious of an abnormality; 16% of those who attended for post-natal care needed some form of treatment.

221. Maternal and Child Health centres played an active part in the oral poliomyelitis vaccination campaign held in January and March 1963, and they provided all the specimens of sera and of faecal swabs for the virological and serological studies carried out by the Government Virus Unit in connexion with the campaign.

SCHOOL HEALTH SERVICES

222. The Medical and Health Department undertakes in all registered schools, through its School Health Service, responsibility for environmental sanitation, the control of communicable disease, immunization against diphtheria, smallpox and typhoid and health education. There is also a medical inspection and curative service provided for a limited number of participants in the existing contributory School Health Scheme. This latter scheme is under review and is expected to be replaced soon by a School Medical Service operated on a per capita contributory basis by private practitioners. To this end negotiations have been conducted with the Chinese Medical Association which has agreed in principle to assist with the launching of a comprehensive inspection and curative service.

223. During 1962 there were 23,724 pupils from 253 schools who were participating in the existing contributory School Health Service. Medical inspections, clinics services, dental care and specialist ophthalmic and ear, nose and throat investigations and treatment were provided. Table 18 sets out the work done.

TABLE 18

WORK OF SCHOOL HEALTH SERVICE 1962

| <i>Medical Inspections</i> | <i>General Clinic Attendances</i> | <i>Dental Attendances</i> | <i>E.N.T. Attendances</i> | <i>Ophthalmic Attendances</i> |
|--------------------------------|---------------------------------------|-------------------------------|-------------------------------|-----------------------------------|
| 38,619 | 41,947 | 30,060 | 1,796 | 3,696* |

* 1,708 pairs of spectacles and 247 pairs of lens replacements were issued.

224. There were no epidemics of infectious disease in the schools and there was a drop in the incidence of diphtheria, 254 cases being notified

as against 312 in 1961. A total of 137,971 school children were immunized against diphtheria with a full course of inoculations and a further 30,999 were given booster doses; 159,713 children were vaccinated against smallpox and 441,341 were inoculated against cholera.

225. Tuberculin testing has been carried out during the year as part of a general investigation to check the sensitivity state of pupils in registered schools throughout the Colony with a view to extending the B.C.G. service, as a routine, to all school children. During the year 49,567 tuberculin tests were done and 22,903 were given B.C.G. The positive reactors were investigated, as were known family contacts of tuberculosis; those with suggestive signs and symptoms and those with a 15 mm. or greater reaction were requested to attend for an X-ray examination. In these three groups a total of 648 were advised to attend for an X-ray; 505 of them showed no radiological evidence of disease and 104 were referred for full investigation at a chest clinic. The remaining 39 did not co-operate by attending for X-ray examination.

226. Before being permitted to teach in registered schools, school teachers are required to undergo an X-ray examination. During the year, 3,212 chest X-rays were taken and 11 teachers were found to be suffering from active tuberculosis; in such cases permission to teach is refused and priority admission to hospital arranged. After full investigation a further 154 teachers were permitted to teach under regular medical supervision.

227. Registered School premises are inspected routinely by Health Inspectors and all new premises or applications for extensions or alterations to schools are investigated to ensure adequate environmental sanitation and hygiene. For this purpose 2,866 inspections were carried out, and reports were made on plans for new schools or for extensions to existing schools.

228. Health education activities included lectures by doctors and health visitors to teachers-in-training; visits were also arranged to school clinics for practical demonstrations of the common health problems amongst school children. School visits by Health Visitors, home visits, and talks to pupils and parents at school clinics are routine activities which are an integral part of the work of the School Health Service.

DENTAL SERVICE

229. The Government Dental Service, under the direction of the Senior Dental Specialist, provides general dental care for the Civil Service as well as a School Dental Service, related to the School Health Scheme. In addition, emergency dental care is given to patients in Government

hospitals, in Her Majesty's Prisons and to the public at certain of the Government outpatient clinics. The work of the General Dental Service is shown in Table 19.

TABLE 19
WORK OF THE GENERAL DENTAL SERVICE 1961-62

| | 1961 | 1962 |
|--|----------------|----------------|
| Dental Surgeries in operation | 32* | 32* |
| Attendance by Government Officers | 52,039 | 52,974 |
| Attendance by Dependants of Government Officers | 52,487 | 58,807 |
| Attendances by General Public | 25,797 | 26,596 |
| Total Attendances | <u>130,323</u> | <u>138,377</u> |

* Includes Tai O Dental Clinic used part-time only.

230. A Dental Officer and Dental Nurse, operating in each of six school dental clinics, have provided a service for participants in the School Health Service. It is worthy of note that the proportion of extractions to fillings of deciduous teeth fell in 1962 to 1.8 to 1 compared with almost 2 to 1 in 1961. Also, the number of fillings compared with extractions of permanent teeth rose from 7.9 to 1 in 1961 to 10.4 to 1 in 1962.

Dental Epidemiology

231. In connexion with the programme of fluoridation of water supplies, which began in March 1961, a second survey of the dental health of children was carried out in 1962. This survey emphasized the high decay rate of children's teeth and the great disparity between the prevalence of dental caries among children and their use of conservative dental care. Children of six to eight years of age were found to have an average of 8.41 deciduous teeth affected by dental caries. An average of nearly one tooth per child had been extracted, but only one child in twenty-five had had a deciduous tooth filled. Children nine to eleven years of age were found to have an average of 3.49 carious permanent teeth, some of which had already been extracted, yet only about five out of every thousand of these decayed teeth had been filled.

232. It is confidently anticipated that the scheme of fluoridation of water supplies in which the fluoride level of mains water in the urban areas has been adjusted to the optimum for dental health will bring about a marked improvement in the teeth of children and in particular those born in 1961 and subsequent years. In the meantime dental caries continues to remain a problem in Hong Kong, especially amongst younger children.

Dental Health Education

233. During 1962, the Hong Kong Dental Society again sponsored a Dental Health Week, from 22nd to 29th September, 1962. This week, during which the aim was to acquaint children with four rules for dental health, was an outstanding success. Various methods of publicity were employed and, according to a survey assessment made by the Society shortly afterwards, the competition had made a substantial impression, more than half the children interviewed being able to recite the basic dental health rules.

234. In January 1963, a dental health exhibition staffed by dental officers and auxiliaries was held as part of the Agricultural Show in Tung Chung, Lantau Island. Demonstrations of oral hygiene methods were given to villagers and fisherfolk of the district and to the visitors from further afield who attended the show.

235. In addition to these special drives, a continuous programme of dental health education was maintained in dental clinics throughout the Colony.

Dental Services provided by Private Agencies

236. A number of welfare organizations maintain free or very low cost dental clinics for the poor. Some of these are staffed voluntarily by Government and private dentists and Dental Officers of the Armed Forces stationed in Hong Kong. The Hong Kong Dental Society operates three free clinics during seven evening sessions per week, as well as providing volunteer staff for the Ruttonjee Sanatorium. The St. John Ambulance Brigade gives free treatment at its Hong Kong Headquarters Dental Clinic and at the Sandy Bay Convalescent Home. The Brigade also includes volunteer dentists among the personnel of its Penetration Squads which visit distant areas of the New Territories to carry treatment to people remote from ordinary medical and dental care. The Lutheran World Service and The Church World Service each operate a mobile dental clinic. These mobile low-cost dental services fulfil a very great need among the under-privileged people in resettlement areas, orphanages and the rural areas of the New Territories where very few dentists are in practice.

Control of Dental Practice

237. Two Dental Inspectors were employed throughout the year for the supervision and control of dental practice, carrying out regular inspections of premises. There was one prosecution for alleged illegal practice of dentistry, and one person was convicted under the Registration of Dentists Ordinance, 1959.

FORENSIC PATHOLOGY

238. All medico-legal work in connexion with the investigation of crime is carried out in laboratories situated in the Police Headquarters building. These laboratories, under the direction of the Specialist (Forensic Pathology), are staffed jointly by the Medical and Health and Police Departments. Lectures are given in various aspects of medico-legal work to Police personnel and, during the year, a series of talks on 'Emergency Child-birth' were given to women police constables. The Specialist (Forensic Pathology) is Lecturer in Forensic Medicine at the University of Hong Kong.

239. Work undertaken in 1962 is detailed in Table 20.

TABLE 20

WORK OF THE FORENSIC PATHOLOGY LABORATORIES, 1962

| | | | | | |
|---|-----|-----|-----|-----|-------|
| Examination of victims and suspects | ... | ... | ... | ... | 499 |
| Attendance at scenes of crime | ... | ... | ... | ... | 86 |
| Attendance at courts | ... | ... | ... | ... | 128 |
| Medico-legal examination of weapons | ... | ... | ... | ... | 72 |
| Examination of hairs, fibres, etc. | ... | ... | ... | ... | 376 |
| Examination of clothing | ... | ... | ... | ... | 598 |
| Miscellaneous Examinations | ... | ... | ... | ... | 386 |
| Blood grouping (Medico-legal) | ... | ... | ... | ... | 1,745 |
| Blood grouping (Police Officers) | ... | ... | ... | ... | 523 |
| Lectures to Police Officers | ... | ... | ... | ... | 26 |
| Identification of nature of meat—dog, cat, etc. | ... | ... | ... | ... | 37 |
| Chemical examinations | ... | ... | ... | ... | 42 |
| <i>Assistance in Raids</i> | | | | | |
| Breach of Pharmacy and Poisons Ordinance and Penicillin Ordinance | ... | ... | ... | ... | 19 |
| Unregistered Medical Practitioners | ... | ... | ... | ... | 19 |
| Abortionists | ... | ... | ... | ... | 7 |
| Unregistered Dentists | ... | ... | ... | ... | 2 |

Public Mortuaries

240. The two public mortuaries, one on Hong Kong Island and the other in Kowloon, are under the supervision of the Specialist in Forensic Pathology. It is to these institutions that all cases of sudden, unnatural or uncertified deaths are sent, including deaths in Police or Prison custody, exhumed bodies and human remains. An account of the work done in the mortuaries is listed in Table 21.

TABLE 21

PUBLIC MORTUARIES 1962

| | | | <i>Victoria</i> | <i>Kowloon</i> |
|-------------------------------------|-----|-----|-----------------|----------------|
| Total number of bodies received | ... | ... | 1,256 | 3,145 |
| Total number of autopsies performed | .. | ... | 704 | 1,445 |
| Number of bodies claimed | ... | ... | 830 | 1,711 |
| Number of bodies unclaimed | ... | ... | 426 | 1,434 |
| Deaths due to natural causes | ... | ... | 914 | 2,441 |
| Deaths due to unnatural causes | ... | ... | 342 | 704 |

GOVERNMENT CHEMICAL LABORATORY

241. The Laboratory carries out analytical and consulting work of a very varied character for Government Departments, the Armed Services, commercial firms and private individuals.

242. The total number of samples examined during the year decreased by about 4% as compared to the previous year, due partly to a drop in the number of specimens submitted for biochemical analysis as an increasing amount of such analysis is now being undertaken by the Chemical Pathology Unit of the Government Institute of Pathology.

TABLE 22

WORK OF THE GOVERNMENT CHEMIST'S LABORATORY 1961-62

| | | | | | | <i>Samples Analysed</i> | |
|--------------------------------|-----|-----|-----|-----|-----|-------------------------|---------------|
| | | | | | | <i>1961</i> | <i>1962</i> |
| Biochemical | ... | ... | ... | ... | ... | 15,720 | 14,326 |
| Dangerous Drugs Ordinance | ... | ... | ... | ... | ... | 9,871 | 9,963 |
| Dutiable Commodities | ... | ... | ... | ... | ... | 8,029 | 8,212 |
| Water and Waterworks Chemicals | ... | ... | ... | ... | ... | 2,513 | 2,681 |
| Food and Drugs | ... | ... | ... | ... | ... | 1,128 | 1,147 |
| Forensic | ... | ... | ... | ... | ... | 1,177 | 1,002 |
| Toxicology | ... | ... | ... | ... | ... | 852 | 690 |
| Dangerous Goods Regulations | ... | ... | ... | ... | ... | 1,498 | 343 |
| Commercial | ... | ... | ... | ... | ... | 488 | 632 |
| Import/Export (Prohibition) | | | | | | | |
| (Specified Articles) Orders | ... | ... | ... | ... | ... | 11 | 7 |
| Miscellaneous | ... | ... | ... | ... | ... | 787 | 1,437 |
| | | | | | | <u>42,074</u> | <u>40,440</u> |

243. The major part of the work is concerned with biochemical analyses, narcotics control and the assessment of dutiable commodities. A great variety of work was done for the Police during the year, which

included cases of forged or altered documents, the examination of counterfeit gold, tear gases, exhibits from the scene of 'hit and run' accidents and material from explosions, acid throwing and arson. Over 500 specimens of drugs of various kinds were examined in connexion with infractions of the laws relating to the sale of poisons and to the possession of prohibited insecticides.

244. The toxicological work comprised mainly examinations of specimens sent from hospitals and mortuaries in connexion with accidental or suicidal poisonings. The pattern of substances taken for purposes of suicide did not differ significantly from previous years, insecticides being the commonest, followed by hypnotics, disinfectants, and cyanide.

245. Specimens of dangerous drugs examined were mostly seizures from pedlars but included a considerable number of exhibits from heroin manufacturing establishments raided by the Police. Heroin, barbitone and opium account for nearly all narcotics seizures in Hong Kong.

246. The volume and range of dutiable commodities examined for assessment or remission of duty were similar to those in previous years. There was a slight increase in the examinations of water and waterworks chemicals as a continuous check was maintained on the level of fluoridation of the public water supplies, samples being taken daily from each station at which fluoride is added. The regular examination of all domestic supplies continued throughout the year and a further survey of wells was made on Hong Kong Island.

247. The number of samples of food and drugs submitted for examination under the Public Health and Urban Services Ordinance showed a slight increase over the figures for the previous year. Particular attention has been paid to milk and to products containing preservatives. Although 22% of the milk samples submitted during the year were found to be adulterated, the extent of adulteration showed a significant decrease during the latter six months of the year. The adulteration generally took the form of added water but in some cases evidence was obtained of reconstituted milk being sold as fresh milk.

248. A large number of samples were examined for the presence of preservatives, and both non-permitted preservatives and excessive concentrations of permitted preservatives continue to be found in a number of locally-manufactured products.

249. During the previous two years, the examination of edible oils, and in particular sesame oil, has shown a high rate of adulteration with

mineral oil, in some cases up to as much as 95%. As the result of legislation introduced during the year, this practice is now prohibited and oils examined during the last few months have shown a notable improvement in quality.

250. Work carried out for Government departments included the assessment of standards in connexion with tendering the subsequent deliveries and the examination of inflammable and other dangerous goods seized by the Fire Services Department. The number of commercial samples dealt with showed a marked increase and covered a very wide field, including alloys, oils, chemicals, drugs, firecrackers, paints and textiles.

251. An argon vapour-phase chromatograph was acquired during the year and has proved useful in the examination of adulterated liquors and essential oils.

GOVERNMENT INSTITUTE OF PATHOLOGY

252. The Government Institute of Pathology, situated on the upper floors of the Sai Ying Pun Polyclinic, undertakes the major part of the clinical pathology and all the public health laboratory work for Government in the Colony and for some of the grant-aided hospitals. There is a major branch of the Institute in the Kowloon Hospital and small clinical laboratories are maintained at the Lai Chi Kok and Castle Peak Hospitals. There is also a branch laboratory, in Caine Lane, for the manufacture of vaccine. The work of the Institute during the year is detailed at Appendix 15. The University Department of Pathology carries out the routine clinical pathology for the Queen Mary Hospital, and a Virus Unit in that Department is staffed from the Institute but operates under the general supervision of the Professor of Pathology.

253. The Vaccine Section of the Institute continued to manufacture standard cholera vaccine of 8,000 organisms per millilitre, and maintained a reserve of 2,000,000 ml. Over 3,000,000 ml. of the vaccine were used in the course of mass anti-cholera inoculation campaigns held during the year.

254. A systematic examination for *V. cholerae* in night soil from collecting vehicles was carried out throughout the year and stool specimens from cases of gastro-enteritis were investigated routinely for vibrios. In addition, the investigation of water from all sources and of other possible vehicles of infection such as fruits, vegetables, fish and shell fish for cholera organisms was continued throughout the year.

On the occurrence of the first clinical case of cholera on the 22nd August, 1962 a twenty-four hour cholera diagnostic service was established at the Institute in Sai Ying Pun and in the Kowloon Hospital branch of the Institute for the investigation of all cases of gastro-enteritis and suspected cholera.

255. Table 23 details the examinations for vibrios carried out during the year from sources other than patients and their contacts.

TABLE 23

| | | | | | | | |
|---------------------------------|-----|-----|-----|-----|-----|-----|---------------|
| Water from sea | ... | ... | ... | ... | ... | ... | 615 |
| Water from wells | ... | ... | ... | ... | ... | ... | 1,079 |
| Tap water | ... | ... | ... | ... | ... | ... | 7 |
| Swimming pools | ... | ... | ... | ... | ... | ... | 133 |
| Pond water for fish fry | ... | ... | ... | ... | ... | ... | 10 |
| Sewer swabs | ... | ... | ... | ... | ... | ... | 186 |
| Fresh water from local junks | ... | ... | ... | ... | ... | ... | 591 |
| Fresh water from incoming junks | ... | ... | ... | ... | ... | ... | 445 |
| Vegetables and fruits | ... | ... | ... | ... | ... | ... | 916 |
| Fish and fish swabs | ... | ... | ... | ... | ... | ... | 63 |
| Nightsoil and manure | ... | ... | ... | ... | ... | ... | 11,489 |
| Cooked food | ... | ... | ... | ... | ... | ... | 9 |
| Others | ... | ... | ... | ... | ... | ... | 338 |
| Total | | | | | | | <u>15,881</u> |

256. Of the 3,754 specimens taken from patients and contacts, the following were positive for *V. cholerae*. (Table 24).

TABLE 24

| <i>Faeces</i> | | <i>Vomit</i> | <i>Specimen collected from patients' homes</i> | | | <i>Nightsoil collected by U.S.D.</i> | <i>Total</i> |
|-----------------|-----------------|--------------|--|------------------------|--------------------|--------------------------------------|--------------|
| <i>Patients</i> | <i>Contacts</i> | | <i>Night-soil</i> | <i>Kitchen utensil</i> | <i>Misc. swabs</i> | | |
| 10 | 21 | 2 | 7 | 1 | 18 | 87 | 146 |

257. Non-agglutinable vibrios were isolated during the period August to December, 1962 in 29 instances.

Virus Laboratory

258. The Virus Laboratory is equipped mainly for diagnostic and survey work in connexion with entero-viruses. During the year, three faecal surveys were carried out in the months of January, April and June. Specimens of faeces were taken from Chinese children under the age of five years, the methods of sampling and examination being the

same as in previous surveys. The findings again showed that polio-virus and other entero-viruses are distributed widely in the normal child population. Type I poliovirus was the only type found in these surveys, while in 1961 Types I and III were prevalent. The results of the surveys carried out between June 1961 and June 1962 are shown in Table 25.

TABLE 25

POLIOVIRUS AND OTHER ENTERO-VIRUSES IN THE 0 - 5 AGE GROUP 1961-62

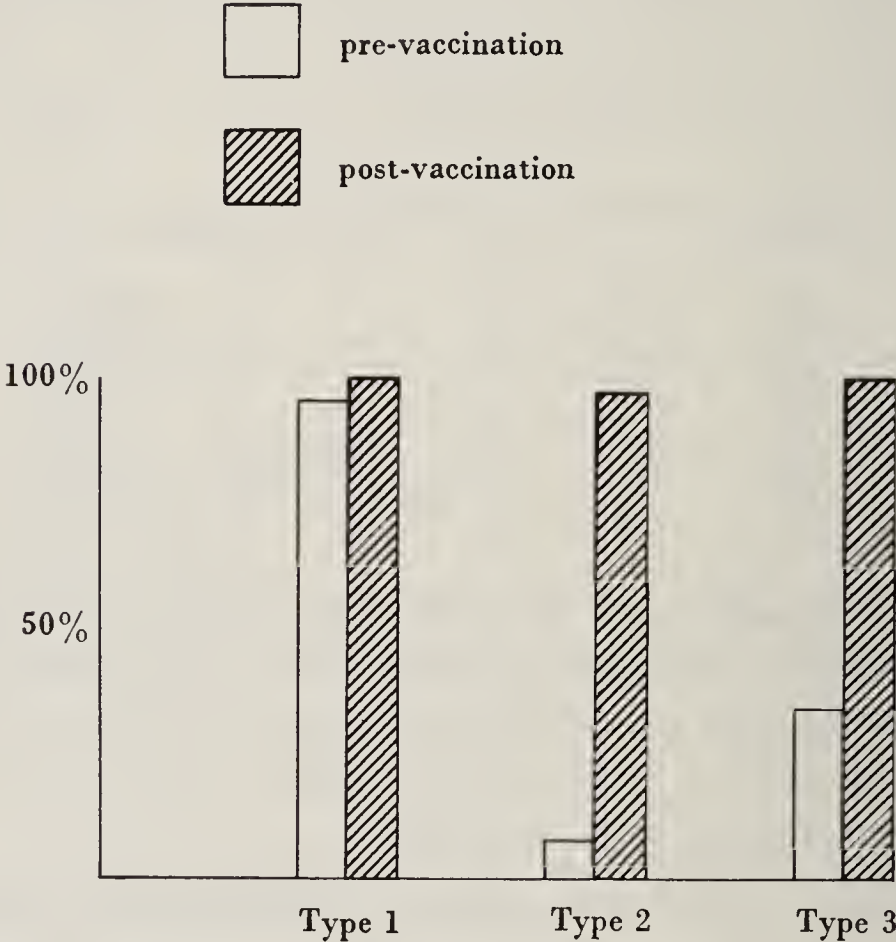
| <i>Date</i> | <i>Number examined</i> | <i>Negative</i> | <i>Positive Poliovirus</i> | | | <i>Total</i> | <i>Positive other entero- viruses</i> |
|-----------------|----------------------------|-----------------|----------------------------|----------------|-----------------|--------------|---|
| | | | <i>Type I</i> | <i>Type II</i> | <i>Type III</i> | | |
| June 1961 .. | 258 | 143 | 10 | — | 14 | 24 (9.3%) | 91 (35.3%) |
| August 1961 .. | 247 | 116 | 5 | — | 6 | 11 (4.4%) | 120 (48.6%) |
| November 1961 | 238 | 198 | 1 | — | 1 | 2 (0.8%) | 38 (15.9%) |
| January 1962 .. | 211 | 190 | 5 | — | — | 5 (2.3%) | 16 (7.5%) |
| April 1962 .. | 207 | 168 | 5 | — | — | 5 (2.4%) | 34 (16.4%) |
| June 1962 .. | 263 | 170 | 15 | — | — | 15 (5.6%) | 78 (25.0%) |

259. In conjunction with the International Social Service and the Lederle Corporation, children in Hong Kong orphanages destined for adoption into families outside Hong Kong were given trivalent oral poliomyelitis vaccine. A total of 912 children were fed the vaccine in two doses at an interval of 6 to 12 weeks.

260. In order to assess the antibody response to the vaccine, samples of sera were collected from 69 children before the first feeding and again four weeks after the second feeding. Rectal swabs were also taken from this control group prior to the first dose and again four weeks after each feeding. Prior to feeding, poliovirus type I was isolated in 3 cases, and other enteroviruses in 7 cases, the remainder being negative. The virus excretor rate 4 weeks after the first feeding was found to be 31.6%, being equally shared by poliovirus types II and III; 4 weeks after the second feeding the excretor rate was 3.4% for type III only. A total of 69 serum examinations carried out prior to vaccination showed the presence of type I antibody in 92.7% of the children, type II in 18.8%, type III in 52.1% and only 3 children were negative for all these types of antibody; 41 Sera tested four weeks after the second feeding showed a high conversion rate to all three types of antibody. The results are shown in Figure I.

FIGURE I

CONVERSION RATE OF ANTIBODIES—POLIOMYELITIS 1962



261. The results of routine diagnostic examinations carried out by the Virus Laboratory on specimens received for virus isolations and serological studies are summarized in Tables 26 and 27.

TABLE 26
ISOLATION OF POLIOVIRUS, 1962

| | | | | Negative | Total | Positive Poliovirus | | | |
|--------------------|--------|---------------|-------|----------|-------|---------------------|---------|----------|----|
| Nature of specimen | | | | | | Type I | Type II | Type III | |
| Clinical Cases | { | Faeces | .. .. | 448 | 182 | 266 | 227 | 14 | 25 |
| | | Throat swabs | .. .. | 36 | 32 | 4 | 2 | 1 | 1 |
| | | C.S.F. | .. .. | 22 | 22 | 0 | 0 | 0 | 0 |
| | | Brain Tissues | .. .. | 8 | 3 | 5 | 4 | 0 | 1 |
| Contact Cases | Faeces | .. .. | 1,759 | 1,502 | 257 | 219 | 13 | 25 | |
| Convalescent | Faeces | .. .. | 94 | 74 | 20 | 15 | 3 | 2 | |

TABLE 27
ISOLATION OF OTHER ENTEROVIRUSES—1962

| <i>Nature of specimen</i> | <i>Number examined</i> | <i>Negative</i> | <i>Positive</i> | <i>Virus isolated</i> |
|-------------------------------------|------------------------|-----------------|-----------------|--|
| C.S.F. | 96 | 96 | 0 | |
| Throat swabs (throat washing) | 70 | 70 | 0 | |
| Brain Tissue .. | 5 | 5 | 0 | |
| Faeces | 103 | 90 | 13 | Coxsackie A 9 in 1 case Coxsackie B 2 in 1 case B 3 in 2 cases B 5 in 1 case ECHO type 1 in 1 case 7 in 2 cases 14 in 1 case Unidentified 4 cases |

262. From time to time throat washings from suspected cases of influenza are investigated to ascertain the prevalent strain. There were twelve positive isolates obtained during the year which were antigenically identical with the A2/57 (A/Asian/57) strain.

Vaccine Production

263. The Vaccine Laboratory prepared and issued the following quantities of vaccine during the year.

| <i>Vaccine</i> | <i>Prepared</i> | <i>Issued</i> |
|--|-----------------|---------------|
| Anti-smallpox vaccine | 44,292 ml. | 38,854 ml. |
| Anti-rabies vaccine 2% | 43,050 ml. | 45,000 ml. |
| Anti-rabies vaccine 4% | 37,150 ml. | 38,170 ml. |
| Anti-typhoid-paratyphoid vaccine (adult) ... | — | 55,670 ml. |
| Anti-typhoid-paratyphoid vaccine (children) | 49,600 ml. | 11,900 ml. |
| Anti cholera vaccine | 2,308,950 ml. | 3,065,600 ml. |
| Anti-plague vaccine | 68,400 ml. | 200 ml. |

Autopsies

264. Pathologists from the Institute also carried out postmortems at the Queen Mary Hospital and Kowloon Hospital, including medico-legal cases dying in these hospitals. During the year, 421 such autopsies were performed.

265. Technicians from the Institute undertake the routine post-mortem examination for plague in rodents sent to the Public Mortuaries

by the Pest Control Unit of the Urban Services Department. Of 69,161 rodents examined none were found to be infected with plague.

Blood Banks

266. The Blood Donation Centre, maintained by the Hong Kòng Branch of the British Red Cross Society on the Hong Kong waterfront, continued to collect and distribute blood to the Blood Banks at the Queen Mary and Kowloon Hospitals; the laboratory work in connexion with this was undertaken by the Government Institute of Pathology.

267. Donations of blood received during the year exceeded by some 230 pints the total for 1961. Although the greater part of the blood again came from members of the Armed Services or from visiting Royal Navy and United States warships, there was a further increase in blood donations from Chinese residents, and the Donors' Club, under the guidance of the Chairman of the Hong Kong Branch of the British Red Cross Society, continued to expand its activities. In addition a considerable amount of blood was donated direct to the Blood Banks by relatives of patients in the various hospitals. The sources and distribution of blood received by the Blood Banks are detailed in Tables 28 and 29.

TABLE 28
SOURCES OF BLOOD DONATED, 1962

| | |
|--|--------------------|
| British Red Cross Society | 7,964 pints |
| Patients' relatives and friends | 1,327 pints |
| Other sources | 1 pint |
| Total | <u>9,292 pints</u> |

TABLE 29
DISTRIBUTION OF BLOOD, 1962

| | |
|---------------------------------------|--------------------|
| Government Hospitals | 6,303 pints |
| Government-Assisted Hospitals | 2,205 pints |
| Private Hospitals | 231 pints |
| Military Hospitals | 48 pints |
| Manufacture of Plasma | 123 pints |
| Preparation of Coombs Reagent | 2 pints |
| Unusable due to various causes | 262 pints |
| Total | <u>9,174 pints</u> |

268. Despite this encouraging increase, there is still a serious shortage of blood to meet all demands. In fact, supply was barely adequate to meet the emergency needs of the acute hospitals and much elective surgery had to be postponed for varying periods for lack of blood. Unless the situation improves greatly in the latter part of 1963, when many more acute beds will come into use, there will be a very grave shortage of this essential aid to modern therapy. Much propaganda is being directed by the British Red Cross Society to attain a significant increase in the number of Chinese donors, as the Armed Services, other temporary residents and visitors cannot be regarded as other than an evanescent source of supply. The people of Hong Kong owe a great debt of gratitude to those donors who, though only temporarily resident in the Colony, give blood for general use.

INDUSTRIAL HEALTH

269. The health of workers in factories and in other industrial undertakings is the statutory responsibility of the Commissioner of Labour. The Industrial Health Section of the Labour Department is chiefly concerned with the prevention of occupational disease and the protection of workers against health hazards arising from the working environment. Advice is offered to industry on problems connected with the hygiene of work places, the use of protective clothing and equipment, and the provision of clinic or first-aid facilities.

270. Investigations continued into the working conditions in trades known to be hazardous to health, and medical supervision is maintained of workers in certain dangerous trades such as those in which lead and radio-active substances are handled. Health Visitors carry out individual case work on injured persons claiming compensation under the Workmen's Compensation Ordinance.

271. The contamination of various working environments by toxic gases, fumes or dust, was the subject of a continuing field survey; temperature and ventilation studies have also been made in a number of factories.

272. The cleansing of aircraft contaminated by radio-active dust, following on nuclear explosions in other parts of the world, involved

extensive monitoring of rags and mops used for cleaning. Where indicated, advice was given to employers regarding measures necessary to protect personnel engaged in this work.

273. Lectures on Industrial Health are given to probationer Labour Inspectors, Health Inspectors, Health Visitors and to medical students of the University of Hong Kong. First Aid training classes for industry are organized by the Industrial Health Section and are conducted by the St. John Ambulance Association.

HEALTH EDUCATION

274. A better appreciation by the Colony's population of the basic principles of environmental hygiene and the prevention of disease continues to be the main health objective. A very wide field is covered by many branches of the Medical and Health Department as an integral part of the service, and all available methods are used in the programmes undertaken. In general, those methods designed for individual or group education have proved to be the most effective, being used with particular success in the Maternal and Child Health Service, the Tuberculosis Service and the Social Hygiene Service.

275. A number of other departments are concerned with various aspects of Health Education in their respective spheres, and the Inter-departmental Committee on Health Education formed in 1959 acts in an advisory capacity on any matters related to Health Education which may be referred to the Committee.

276. The co-operation of all voluntary bodies interested in health topics is actively sought and Kaifong Associations and Welfare Societies are particularly active in this field. Many of the Kaifongs take a lively and practical interest in the health problems of their respective districts and co-operate in immunization campaigns and in education on environmental hygiene.

277. The Health Education Team, formed during 1961 in the New Territories, was active in promoting better standards of hygiene and living conditions in rural areas and in preparing the way for immunization campaigns. The two 'floating clinics' donated by the Royal Hong

Kong Jockey Club and the 'flying doctor' helicopter service combined curative treatment with advice on environmental hygiene and the prevention of disease during visits to isolated coastal and inland villages.

IV. WORK OF THE MEDICAL DIVISION

278. All clinic and hospital services provided by Government continued to operate under heavy pressure throughout the year. There is no doubt that the demand by the general public for medical and health services of all kinds has been steadily mounting in recent years. This pressure is not only caused by the additional numbers requiring attention but also by an increasing tendency to turn from traditional Chinese medicine towards western methods of treatment.

279. Figures II and III show the outpatient attendances, the provision of beds and the admissions to Government hospitals for the five-year period 1958 to 1962:

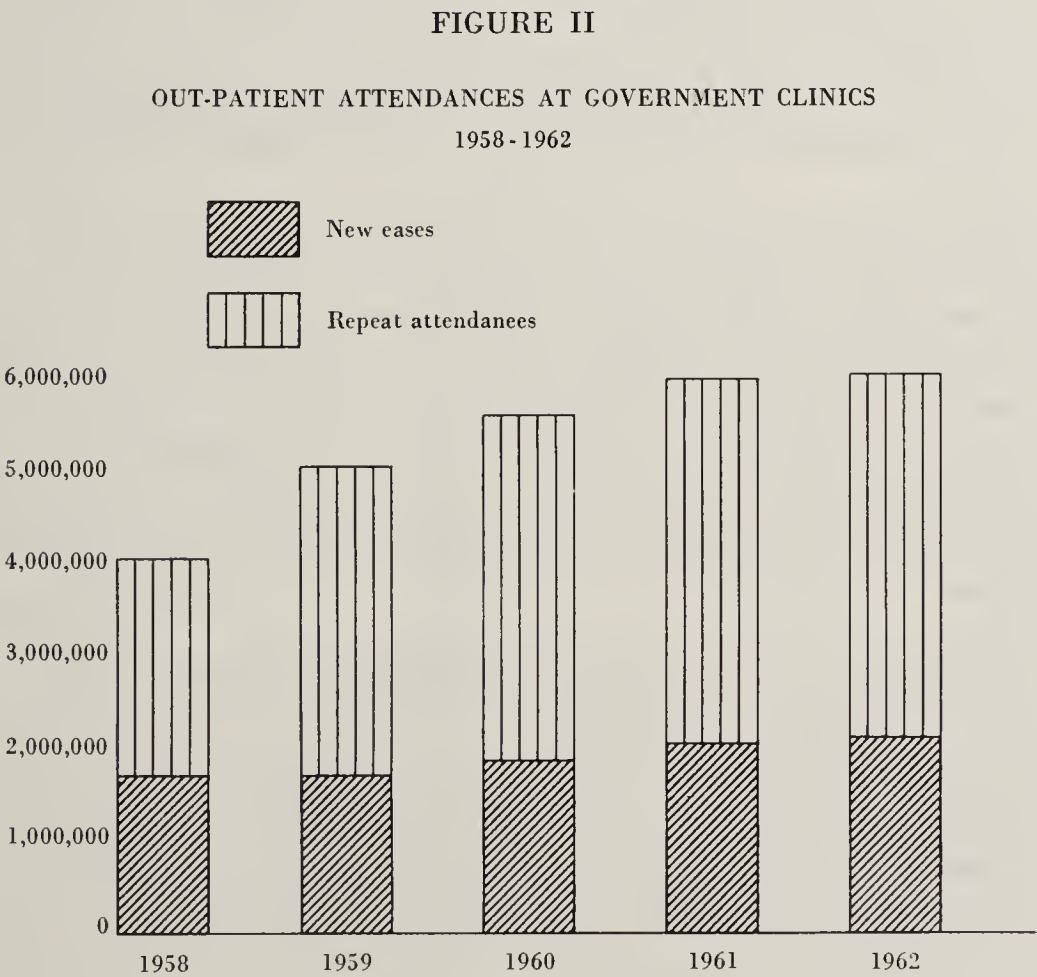
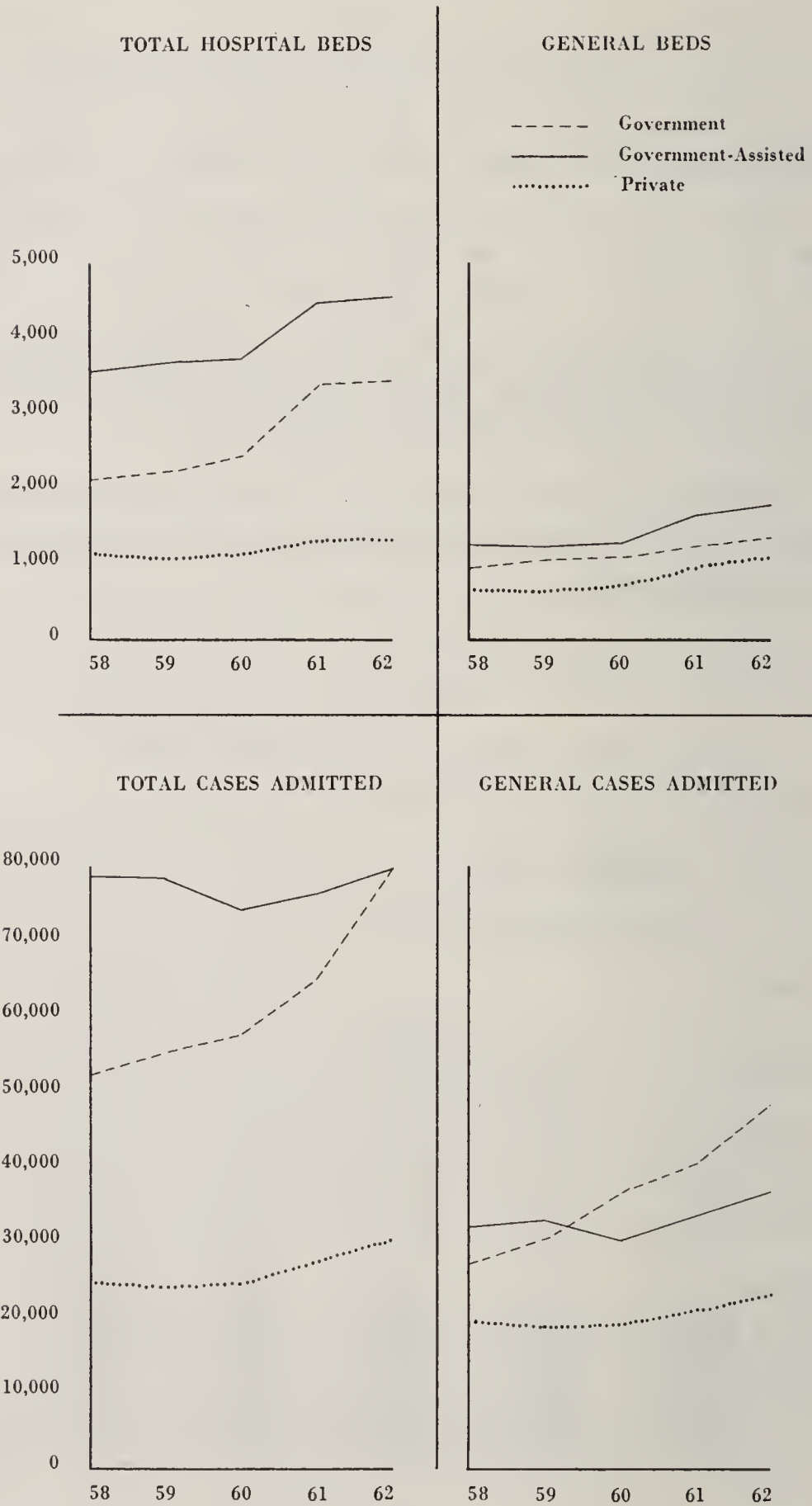


FIGURE III

HOSPITAL BEDS (Excluding Maternity Homes)



HOSPITALS

280. At the end of 1962, there was a total of 9,514 beds available in all hospitals in Hong Kong, excluding those hospitals maintained by Her Majesty's Armed Forces.

281. An additional 503 beds in private maternity and nursing homes were also available. Details concerning this hospital accommodation are given in Appendix 10 and an analysis of the work done is set out in Appendices 9 and 11.

282. No new hospitals were opened but extensions to existing institutions and redeployment in the use of accommodation resulted in a total, on balance, of 73 more beds being made available for inpatient treatment; details of these increases are given in the paragraphs dealing with the individual hospitals concerned.

GOVERNMENT HOSPITALS

Kowloon Hospital

283. This is the main casualty and emergency receiving hospital for Kowloon and the mainland part of the New Territories. The Casualty Department maintains a 24-hour service and an average of 11.1 cases were seen every hour throughout the year, a total of 97,246 attendances being recorded. This is a 12% increase over the figures for the previous year.

284. The outpatient department of the hospital now sees general cases only since the specialist outpatient clinics, with the exception of the orthopaedic clinic, moved to the new Queen Elizabeth Hospital Specialist Clinic in King's Park which was opened in September, 1962; the total number of outpatients seen in the year at Kowloon Hospital was 596,398; those attending at the new Specialist Clinic at the Queen Elizabeth Hospital from 12th September, 1962 to 31st December, 1962, numbered 23,728.

285. The number of inpatients admitted for treatment to the 574 beds of the hospital was 29,977, an increase of nearly 30% over 1961. There was a small decrease in the maternity admissions due to the partial closure of the Maternity Block as a result of damage caused by typhoon *Wanda* in September 1962. This damage required major repairs which took some 6 weeks before the normal operations could be resumed.

286. All in-patient units of the hospital continued to be hard-pressed; the surgical units recorded an increase of some 20% in admissions and in major operations compared to 1961. The medical unit again showed a rise in the number of admissions resulting from acute cerebrovascular accidents which totalled 198 compared to 136 in 1961; only 66 were admitted in 1959.

287. The orthopaedic unit dealt mainly with patients admitted as a result of traffic accidents and industrial injuries; such patients constituted some 60% of the unit's work during the year.

288. The Gynaecological branch of the Obstetrical and Gynaecological Unit admitted some 70% of its cases as emergencies; 9% of these were ectopic pregnancies and 41% miscarriages or abortions. In Obstetrics, the Caesarian Section rate rose from 6.35% in the previous year to 8.24% in 1962. The trial of the vacuum extractor instrument was continued and was successfully used in 43 deliveries in place of low forceps.

289. The Paediatric Unit opened a new outpatient session in the Maurine Grantham Health Centre, Tsuen Wan, in September 1962 and, in the same month, the Salvation Army Convalescent Home in Cheung Chau became available. The latter institution has been used particularly for cases of rheumatic fever with heart disease, 23 children with this condition having been sent there for convalescent care during the latter part of the year.

290. Table 30 sets out the work of the Hospital during the past five years.

TABLE 30

KOWLOON HOSPITAL 1958-62
Including Casualty and Outpatient Department

| | 1958 | 1959 | 1960 | 1961 | 1962 |
|---|---------|---------|---------|---------|---------|
| Maternity Cases | 3,472 | 3,646 | 4,372 | 4,749 | 4,578 |
| General Inpatients (excluding Maternity) | 10,695 | 13,242 | 16,052 | 19,459 | 25,399 |
| Total Outpatient attendances .. | 558,010 | 532,492 | 547,592 | 605,654 | 596,398 |
| Casualties attended (included in above figures) | 70,191 | 71,627 | 80,333 | 86,218 | 97,246 |
| Operations (excluding minor ones) | 5,704 | 6,571 | 7,584 | 9,257 | 11,748 |
| Mortality (expressed as percentage of admissions) .. | 6.2 | 5.5 | 6.4 | 6.5 | 7.6 |

Queen Mary Hospital

291. This hospital on Hong Kong Island is the largest Government acute general hospital in the Colony. Bed accommodation was increased during the year from 601 to 623 beds by an internal re-arrangement of wards, following the removal of tuberculosis cases to the Grantham Hospital.

292. As the University Teaching Hospital of Hong Kong, the University Departments of Medicine, Surgery, Orthopaedic Surgery, Paediatrics and Gynaecology, each under the direction of a Professor, carried the clinical responsibility for a total of 323 teaching beds; in addition the Government units in Medicine and Surgery also undertake the training of undergraduates. The other clinical units, comprising Radiology, Thoracic Surgery, Neurosurgery, Anaesthetics, Ophthalmology, Ear, Nose and Throat Surgery and Obstetrics are staffed entirely by Government medical staff.

293. The large Casualty Department, which is the emergency and accident centre for the whole of Hong Kong Island, dealt with 46,589 casualty cases during 1962, this being almost double the number of cases seen in 1960.

294. In-patient admissions continued to rise, with a total of 21,311 patients treated during 1962; an increased provision of temporary accommodation in the wards and on verandahs was therefore necessary and a daily average of approximately 120 additional patients, over and above the accepted complement of 623, were under treatment during the year.

295. A Renal Laboratory and Artificial Kidney Unit was inaugurated during the year, following the gift by a private donor of a Travenol Twin Coil Artificial Kidney Apparatus to the University Surgical Unit. Research work was also carried out on the use of intra-arterial infusions of nethotrexate and leucovorin in the treatment of advanced cancerous conditions. This work was supported by grants from the Cancer International Research Co-operative and, later, by the Li Shu Fan Medical Foundation.

296. Towards the end of 1962 work began on extensions to the hospital which will provide some 180 additional beds together with new operating theatre suites, X-ray facilities and improved teaching and research accommodation for the clinical staff of the University Professorial Units.

297. Table 31 sets out the work of the Hospital during the past five years.

TABLE 31

QUEEN MARY HOSPITAL 1958-62

| | 1958 | 1959 | 1960 | 1961 | 1962 |
|---|--------|--------|--------|--------|--------|
| Maternity Cases | 1,975 | 1,962 | 2,144 | 2,324 | 2,429 |
| General Inpatients (excluding Maternity) | 12,994 | 13,224 | 15,133 | 15,923 | 18,882 |
| Total Outpatient attendances .. | 44,845 | 53,306 | 47,437 | 58,559 | 67,291 |
| Casualties attended (included in above figures) | 18,101 | 22,307 | 23,402 | 41,936 | 46,589 |
| Operations (excluding minor ones) | 7,230 | 7,212 | 8,160 | 8,420 | 9,681 |
| Mortality (expressed as percentage of admissions) .. | 7.3 | 7.5 | 7.0 | 7.3 | 6.6 |

Tsan Yuk Hospital

298. This is the main specialist obstetrics hospital in Hong Kong and the teaching and training centre for medical students and student midwives in obstetrics. The clinical supervision of the 200 beds is undertaken by the University Professor of Obstetrics and Gynaecology, assisted by both University and Government medical staff.

299. Admissions are restricted generally to patients requiring specialized care and comprise primiparae, grand multigravidae and abnormal cases. Some 4% of admissions (305 patients), however, are emergency cases with complications which are referred from other sources, particularly private midwives and Government maternity homes. There were no maternal deaths in the Hospital throughout 1962.

300. Outpatient sessions are held daily at the hospital; ante-natal attendances during the year totalled 34,786.

301. A small research laboratory in the Hospital conducted investigations into haemolytic disease of the newborn among Chinese babies and into the ante-natal blood chemistry of pregnant women.

302. Table 32 below sets out the work done at the hospital for 1961 and 1962:

TABLE 32

WORK OF THE TSAN YUK HOSPITAL 1961-62

| | 1961 | 1962 |
|--|-------|-------|
| Total admissions | 7,774 | 7,340 |
| Total deliveries | 6,664 | 5,993 |
| Still-birth rate (per 1,000 total births) | 12.34 | 10.68 |
| Neo-natal mortality rate (per 1,000 live births) ... | 13.71 | 11.70 |
| Maternal mortality rate (per 1,000 total births) ... | 0.77 | Nil |
| Percentage operative deliveries | 21.13 | 20.63 |

Castle Peak Hospital

303. This hospital for psychiatric patients, originally of 1,000 beds, has been in full operation for little more than 18 months, but pressure on accommodation has already increased to an extent which has called for the provision of additional beds in a number of wards.

304. Psychiatric cases from the whole Colony are admitted to this hospital and the great majority of these are now presenting as voluntary patients.

305. The Hong Kong Psychiatric Centre situated on Hong Kong Island is the main outpatient department and is combined with a Day Hospital which also provides observation, treatment and supervision for patients 'on parole' from Castle Peak Hospital. Commencing in October 1962, two new psychiatric outpatient sessions were held weekly at the Queen Elizabeth Hospital Specialist Clinic.

306. Training in Psychiatric Nursing was successfully continued and is referred to in paragraph 456. Fifth year medical students also spend a week in residence at the hospital to receive practical teaching in psychiatry.

307. In therapy, a number of new psychopharmaceuticals were tried but the oldest of the phenothiazine group—largactil—continued to be the basic standby for controlling schizophrenics, a new drug, trifluor-promazine, having proved too toxic. In mania and other states of agitation with excitement a new compound, haloperidol, was introduced and found to be very useful. In depressive states the use of the mono-amine oxidase inhibitors continued to be effective and also reduced the need for electro-convulsive therapy.

308. Occupational Therapy plays a very considerable part in the management of psychiatric patients and a comprehensive range of activities was organized very successfully throughout the year. Additional premises became available adjacent to the hospital for workshops in one of two large huts which had been previously occupied by a Cadastral Survey Unit of the Public Works Department.

309. Psychiatric social work was undertaken by almoners attached to the main hospital and the outpatient day hospital. Discharged patients and their relatives formed an organization called the New Life Mutual Aid Club, which was registered officially as a Society during the year; the Club aims to promote the mental and physical health of its members, to help with social problems, and to induce a better understanding by

the public of the problems of mental disease and the promotion of better mental health.

310. Tables 33 and 34 below show the work of the Castle Peak Hospital and that of the Psychiatric Centre, Day Hospital and Out-patient Clinics respectively during the year.

TABLE 33
CASTLE PEAK HOSPITAL 1962

| | | | | <i>Male</i> | <i>Female</i> | <i>Total</i> |
|---|----------------|-----|-----|--------------|---------------|--------------|
| Total admitted | 1st admissions | ... | ... | 854 | 544 | 1,398 |
| | Re-admissions | ... | ... | 473 | 344 | 817 |
| Total admissions | ... | ... | ... | <u>1,327</u> | <u>888</u> | <u>2,215</u> |
| Discharged, including transfers and deaths* | | | | 1,357 | 830 | 2,187 |
| Total patients treated in hospital | ... | ... | | 2,148 | 1,347 | 3,495 |
| Voluntary patients | ... | ... | ... | 1,095 | 820 | 1,915 |

* There were 35 male and 10 female patients who died in hospital.

TABLE 34
HONG KONG PSYCHIATRIC CENTRES 1962

| <i>Day Hospital</i> | | | | | <i>Male</i> | <i>Female</i> | <i>Total</i> |
|---------------------------|-----|-----|-----|-----|--------------------------|-------------------------------|---------------|
| Admitted | ... | ... | ... | ... | 110 | 94 | 204 |
| Discharged | ... | ... | ... | ... | 92 | 104 | 196 |
| Total treated | ... | ... | ... | ... | 126 | 120 | 246 |
| <i>Outpatient Clinics</i> | | | | | <i>First Attendances</i> | <i>Subsequent Attendances</i> | <i>Total</i> |
| Hong Kong | ... | ... | ... | ... | 1,164 | 14,713 | 15,877 |
| Tsuen Wan | ... | ... | ... | ... | 198 | 1,013 | 1,211 |
| Queen Elizabeth Hospital | ... | ... | ... | ... | 66 | 94 | 160 |
| Total | ... | ... | ... | ... | <u>1,428</u> | <u>15,820</u> | <u>17,248</u> |

Drug Addiction Treatment Centre

311. This pilot venture for the voluntary treatment of male drug addicts at Castle Peak Hospital continued on the same lines as in the previous year. One new feature of importance in 1962 was that all patients discharged had remained in the Centre for the full six months

period of voluntary treatment agreed to on entry; this reflected the considerable improvement in staff/patient relationships and in the co-operation of the patients which is a result of the experience gained in the management of drug addicts over the previous two years.

312. There were no changes made in the methods of treatment used but it has become increasingly apparent that the essential therapeutic problem is the prevention of relapse and much attention has been given to follow-up and community measures with this problem in mind.

313. The Pui Sun Fraternal Association—'Addicts Anonymous' was formed in mid-1962. This group experienced some initial difficulties but, following on an effective re-organization, they became the responsibility of the Categorical Aid Department of the Lutheran World Service which had rendered substantial financial aid to the Association on its formation. More than 100 discharged patients had voluntarily joined the Association by the end of December, 1962. Experience elsewhere of groups like these has not been altogether happy, but every attempt has to be made to assist the addicts to help themselves. It is of vital importance to give them a healthy substitute for the old patterns of interest and activities they have shed, and to encourage mutual aid amongst them. The almoners have worked hard in this direction and much depends on the continued support they and their colleagues can give to this Association.

314. Several members of the staff of the Society for the Aid and Rehabilitation of Drug Addicts attended the Castle Peak Centre for in-service training in preparation for the opening of the Society's Treatment Centre at Shek Kwu Chau.

315. Occupational Therapy is essential for the well being of the patients and the benefits of an incentive scheme became apparent during the year. A system of small groups of about 6 patients each, working at selected occupations, has been found to be very satisfactory and productive. Apart from work therapy, a wide selection of recreational activities are made available, including football and badminton matches, swimming and walking parties and, indoors, table tennis and mahjong; there are also film shows twice weekly.

316. A number of research studies were undertaken during the year and are still continuing. These studies concerned the epidemiology of addiction based on socio-economic data, psychiatric investigation into the initiating factors giving rise to drug taking, an explanatory trial of

aversion treatment by giving, at the same time as the drug, continuous faradic electric shock, further work on the Nalline Test and, finally, radiological studies on lung changes occurring in drug smokers.

317. Table 35 below shows the numbers of male patients treated at the Centre during 1962.

TABLE 35

| | | | | | | |
|-----------------------------------|-----|-----|-----|-----|-----|-----|
| Patients registered for treatment | ... | ... | .. | ... | ... | 360 |
| Patients admitted | ... | ... | ... | ... | ... | 122 |
| Patients remaining from 1961 | ... | ... | ... | ... | ... | 50 |
| Patients discharged | ... | ... | ... | ... | ... | 120 |

(All patients remained in the Centre for 6 months)

Lai Chi Kok Hospital

318. This hospital has 481 beds which serve three categories of patients; 150 beds are allocated for infectious diseases, 72 for pulmonary tuberculosis, and the remaining 259 beds for convalescent patients from Kowloon and Queen Mary Hospitals.

319. Physiotherapy and occupational therapy units are maintained at the hospital, the former dealing mainly with the orthopaedic convalescent patients and children with poliomyelitis, while the latter deals with the long stay convalescent and tuberculosis cases.

320. Total admissions during 1962 numbered 7,953; of these 2,445 were cases of infectious disease, including tuberculosis. Of the remainder, 5,307 were from Kowloon Hospital and 201 from Queen Mary Hospital.

321. Five cases of cholera were confirmed out of 43 suspected cases admitted during the outbreak which occurred between August and October.

322. There were 874 patients admitted with diphtheria, most of whom were extremely ill when first seen as shown by the fact that 222 of them required immediate tracheotomy. The mortality from the disease, however, showed some decrease compared to the previous year.

323. Tetanus neonatorum, unfortunately, continued to be distressingly common and there were 55 deaths from this disease. Almost all had been delivered at home in the New Territories without adequate postnatal care.

324. Details of the infectious cases requiring admission to the Lai Chi Kok Hospital and the Sai Ying Pun Hospital are shown in Table 36.

Sai Ying Pun Infectious Diseases Hospital

325. The limited accommodation in this old hospital, which is part of the former Government Civil Hospital in the western district of Hong Kong Island, continued to be severely taxed during the year. With a nominal strength of 88 beds, there were seldom less than 100 patients accommodated, the resultant overcrowding making strict isolation and prevention of cross-infection a difficult problem.

326. The pattern of infectious disease in the patients admitted mainly followed that of the previous year and there was a further decrease in the number of cases of tuberculous meningitis seen. The case fatality rate for measles and diphtheria also showed a significant decrease although the children suffering from these diseases are nearly always admitted at a late stage and with severe complications. Bacillary dysentery was more evident during the year and admissions due to poliomyelitis were more than twice those of 1961; the latter disease has, however, shown a phenomenal drop in incidence since the oral vaccination campaign conducted early 1963.

327. Five cases of cholera were admitted to the special cholera annexe of the hospital during the outbreak in August and September and all responded well to treatment; 38 contacts of cholera cases were also admitted for observation during typhoon *Wanda* when it was impossible to reach the Quarantine Centre across the harbour.

328. Table 36 details the cases of infectious disease admitted to both Sai Ying Pun Hospital and Lai Chi Kok Hospital.

TABLE 36
ADMISSIONS TO INFECTIOUS DISEASE HOSPITALS—1962

| | | | | Cases Admitted | Deaths | Case Fatality Rate (per cent) |
|-------------------------|-----|-----|-----|-------------------|--------|----------------------------------|
| Diphtheria | ... | ... | ... | 1,245 | 95 | 7.63 |
| Typhoid | ... | ... | ... | 416 | 5 | 1.20 |
| Tetanus | ... | ... | ... | 179 | 70 | 39.11 |
| Amoebic dysentery | ... | ... | ... | 105 | 3 | 2.86 |
| Bacillary dysentery | ... | ... | ... | 591 | 6 | 1.02 |
| Poliomyelitis | ... | ... | ... | 318 | 42 | 13.21 |
| Tuberculosis meningitis | ... | ... | ... | 23 | 13 | 56.52 |
| Measles | ... | ... | ... | 245 | 23 | 9.39 |

St. John Hospital

329. Consisting of 100 beds and a general outpatient department, this Hospital serves the island of Cheung Chau and the neighbouring islands on the western sea-board. Specialist clinics for tuberculosis, paediatrics, medicine, dental, eye, social hygiene and skin diseases are also held at the hospital. Patients who require specialist medical or surgical treatment in hospital are transferred to Hong Kong Island.

330. There are 42 beds set aside for patients with pulmonary tuberculosis who need in-patient supervision. These beds are largely occupied by adolescents with open lesions who cannot be allowed to attend school until they are rendered sputum negative.

331. A complete renovation of kitchen facilities was carried out and a badly needed hot water supply system was installed in the hospital during the year.

Wan Chai Hospital

332. This small 30-bed hospital, originally intended for the in-patient treatment of venereal disease amongst women and children, is now primarily an institution for the care of female patients with skin diseases and a busy dermatological out-patient department is also maintained.

333. Out-patient facilities are also provided for the treatment of women suffering from venereal disease and for the examination of known female contacts.

South Lantau Hospital

334. This small hospital of 17 beds, two of which are now reserved for maternity cases, serves the workers on the Shek Pik Reservoir project (now nearing completion) and the villages on the southwest coast of Lantau Island. The Medical Officer-in-Charge is also responsible for the dispensary and maternity home at Mui Wo, and for sick prisoners and staff at Her Majesty's Prison at Chi Ma Wan; he also serves as the Health Officer for the area.

335. Outpatient clinic attendances have more than doubled since last year; the figures for 1962 were as follows:

| | | | | | | |
|-------------------------|-----|-----|-----|-----|-----|---------------|
| Mui Wo Dispensary | ... | ... | ... | ... | ... | 26,416 |
| South Lantau Hospital | ... | ... | ... | ... | ... | 11,640 |
| Shek Pik First Aid Post | ... | ... | ... | ... | ... | 15,007 |
| H.M. Prison Chi Ma Wan | ... | ... | ... | ... | ... | 21,390 |
| Total | ... | ... | ... | ... | ... | <u>74,453</u> |

Prison Hospitals

336. Four hospitals with a total of 186 beds are maintained within the prison compounds at Stanley Prison, Victoria Prison, Tai Lam Prison and Lai Chi Kok Female Prison.

337. H.M. Prison Hospital at Stanley for male prisoners is the largest of these hospitals and has 90 beds for all purposes; 1,042 patients were admitted for treatment during 1962. A large outpatient clinic attached to the hospital dealt with an average of 550 prisoners daily including those attending the specialist sessions for tuberculosis, venereal disease, leprosy, eye diseases and dentistry.

338. Selected blood donors amongst the prisoners gave a total of 575 donations of blood during the year in response to appeals from the Hong Kong Branch of the British Red Cross Society.

339. H.M. Prison, Tai Lam, houses convicted male drug addicts. The vigorous programme of treatment and rehabilitation which is carried out here has given very encouraging initial results though no accurate assessment of the relapse rate after discharge is as yet available.

340. H.M. Prison, Victoria, has a special Psychiatric Observation Unit for suspected cases of mental disease in prisoners. This unit, which admitted 173 such cases during 1962, is under the clinical supervision of the Senior Specialist in Psychiatry.

341. The female prison at Lai Chi Kok has a small hospital ward, including maternity beds, which is under the care of the Medical Superintendent of the Lai Chi Kok Hospital.

GOVERNMENT ASSISTED HOSPITALS

342. Financial assistance mainly by means of an annual subvention is given by Government to eleven hospitals maintained by voluntary organizations.

343. Paragraphs 165 to 180 mention those institutions which are concerned solely with the care of tuberculosis patients.

The Tung Wah Group of Hospitals

344. This group comprises three large hospitals and two infirmaries. Incorporated in 1870 by statute which is based on the charitable aims and objects of Chinese tradition, a Board of Directors is elected annually. Management of the hospitals and infirmaries is delegated by the Board to the Tung Wah Hospital Medical Committee which is under

the chairmanship of the Director of Medical and Health Services and is composed of the Chairman of the Board of Directors, the three Principal Directors of the Board, a prominent Chinese citizen appointed by His Excellency the Governor, a member from the Permanent Advisers to the Tung Wah Board, representatives from the Government Finance, Public Works and Medical Departments and the Medical Superintendents of the Hospitals. The Board of Directors raises large sums annually from donations, charity functions, public appeals and a flag-day. This money is devoted mainly to capital expenditure on hospitals, primary schools and welfare services for the poor. Government gave a subvention of \$13,799,169 in 1962-63 to meet the recurrent expenditure of the hospitals and infirmaries.

345. Each hospital provides general medical, surgical and obstetric facilities. In addition, wards containing an average of 250 to 350 beds are set aside in the hospitals and infirmaries for the accommodation of patients with tuberculosis. A Group Medical Superintendent and three Medical Superintendents are appointed by Government to the hospitals and Government Nursing Sisters are seconded to the Nurses Training school as Tutors. All training and other activities are conducted in Chinese. Consultant Services are given voluntarily by private medical practitioners and, in some instances, by Government Specialists.

346. Patients are admitted through large out-patient departments maintained at each of the three hospitals. A number of acute medical and surgical conditions are treated and there is also accommodation for patients with chronic disease requiring long periods of inpatient care. The infirmaries cater for many suffering from incurable or disabling diseases who cannot be cared for at home. The obstetric service is an extremely busy and important one and one third of the babies born in the Colony each year are delivered in the three Tung Wah Hospitals. The work done is detailed at Appendix II.

347. The major occupation of the Directors at present is the redevelopment of the Kwong Wah Hospital in Kowloon. The building is being done in five phases; the fourth phase, which was started early in 1962, was nearing completion at the end of the year under review and work had commenced on the fifth and final stage.

348. In addition to this major project, an extension to the Sandy Bay Infirmary, accommodating 180 patients, was opened in December, 1962; this provides a much-needed addition to the accommodation available for chronic and disabled patients. At the Tung Wah Hospital,

43 mentally-defective patients are now being cared for in a renovated block of the old Hospital; these wards were formally opened in February, 1963.

The Alice Ho Miu Ling Nethersole Hospital

349. This hospital now provides 300 beds for general medical, surgical and obstetric care and maintains a large outpatient department. The increase in beds was provided to meet the new requirements of the Hong Kong Nursing Board and the General Nursing Council of England and Wales in respect of a Nurses Training School.

350. Demolition of the old East Wing and Nurses Quarters was commenced during the year to make way for new buildings which will provide further ward accommodation, a nurses block and medical staff quarters.

Pok Oi Hospital

351. Situated on the outskirts of Yuen Long in the New Territories, the Pok Oi Hospital provides 118 beds for the treatment of medical and minor surgical illness that do not require specialist medical or surgical care. There are operating theatre, radiodiagnostic and laboratory facilities of a simple nature. It is managed by an Executive Committee consisting of six representatives of the statutory Board of Directors and six representatives of Government. The Board of Directors provides charitable services in the Chinese tradition and raises funds from voluntary sources for the capital and recurrent costs. These are augmented by Government subvention on a deficiency grant basis. A Government Medical and Health Officer is seconded to the Hospital as Medical Superintendent.

352. The foundation stone of a new out-patient department was laid by the Director of Medical and Health Services on the 30th March, 1963. The completion of this building will mark the first phase in a plan for the expansion of the out-patient and in-patient facilities of the hospital which is designed to meet the needs of the increasing population in that area.

Hei Ling Chau Leprosarium

353. Maintained with the aid of a substantial recurrent subvention from Government by the Mission to Lepers, Hong Kong Auxiliary, on an island six miles from Hong Kong, the Leprosarium contains accommodation for up to 540 leprosy patients. The Maxwell Memorial

Medical Centre provides fifty beds for the care of patients undergoing reconstructive surgery or suffering from intercurrent disease and a further 15 beds for male patients with tuberculosis. The construction of a Physiotherapy Unit and a ward for patients with tuberculosis, for which funds were raised by the Marianne Reichl Aid to Lepers Group, was completed in September. The opening ceremony was performed on the 3rd November, 1962 by Dr. N. FRASER, Medical Secretary of the Mission to Lepers, who was formerly the first Medical Superintendent of the Leprosarium. The Unit provides sufficient space and equipment for physiotherapy and occupational therapy. The ward of 4 beds is intended for women patients suffering from open tuberculosis as well as leprosy; however, in the absence of any such women patients this ward is at present used for men.

354. There is a close liaison with the Government Leprosy Clinics and all patients, the majority of whom are infectious, are admitted through these clinics. Most patients are treated with a combination of two drugs, particularly DDS, thiambutosine, sulphetrone and thiosemicarbasone. However, all modern drugs available are used in the most suitable combinations necessary to achieve the quickest possible cure and very detailed records continue to be maintained. Vadrine was employed in the treatment of patients resistant to other drugs but, like etisul, it was found to be very variable in its results.

355. During the year 284 surgical operations were performed of which 265 were to correct the deformities of leprosy. A new procedure was adopted for wasting of the thumb web and applied in 28 cases with promising results. The bone grafts used for the second stage of nasal reconstructions have proved satisfactory and show no sign of being absorbed.

356. All patients on the island are expected to work in accordance with their physical capacity and previous occupation; training is available in agriculture, cottage industries and in certain light industrial occupations. There is a primary school for child patients, the staff of which hold evening classes for adults. Social activities continue as in a normal community.

Our Lady of Maryknoll Hospital

357. This hospital was opened at the end of 1961 and is adjacent to a large resettlement estate area in Wong Tai Sin. The building of an additional wing to the hospital is now in the planning stage.

358. A re-arrangement of the wards has increase the accommodation slightly during the year and there are now 55 beds in general wards, 4 in private wards and 20 cots. The Hospital is staffed by the Maryknoll Sisters, assisted by locally-trained nurses and midwives. A large general outpatient department is also maintained which was attended by 26,316 patients during 1962.

Sandy Bay Convalescent Home

359. This Home is maintained by the Hong Kong Society for the Relief of Disabled Children and now has 108 beds as the result of an extension built during 1962. All beds are for children requiring long-term orthopaedic care, particularly for bone and joint tuberculosis, most of whom have previously undergone major surgical operations at the Queen Mary Hospital. A school teacher is provided for the children by the Hong Kong Branch of the British Red Cross Society.

London Missionary Society Maternity Clinic, Sheung Shui

360. This Maternity Clinic of 10 beds is conducted by a missionary Nursing Sister of the Society, assisted by locally appointed staff. Antenatal and maternal and child health sessions are also maintained at the clinic. The Sheung Shui Maternity Clinic Advisory Board, consisting of local residents, supports the work and the London Missionary Society also makes an annual contribution towards running costs. This is augmented by an annually recurrent subvention from Government funds.

OUTPATIENT SERVICES

361. Pressure on all outpatient clinics continued to increase throughout the year. The outpatient clinics maintained by Government recorded some 6,094,000 attendances by patients, of which some 2,166,000 were new cases.

362. New facilities which became available during the year included the three-storey Specialist Clinic on the Queen Elizabeth Hospital site which was donated by the Royal Hong Kong Jockey Club and opened in September 1962. The Anne Black Health Centre in North Point was opened in the same month by Lady BLACK, the wife of His Excellency the Governor; this clinic was built as a combined project between Government and Dr. TANG Shiu-kin and his friends who donated half the cost of construction. The Health Centre consists of an outpatient department, a maternal and child health centre, a maternity section of 8 beds and residential accommodation. In November 1962, a clinic was opened at Kai Tak Airport in the Terminal Building.

363. A standard urban clinic was completed at Wang Tau Hom, a rapidly expanding resettlement area in New Kowloon. This clinic, which was also donated by the Royal Hong Kong Jockey Club, was opened in February, 1963, and contains a general out-patient section, a maternal and child health centre with a maternity ward of 24 beds, and quarters for resident staff.

364. In addition to general outpatient services, regular specialist out-patient sessions were maintained at a number of clinics by staff from the tuberculosis, social hygiene, medical, surgical, ophthalmic, maternal and child health and ear, nose and throat services.

365. Evening out-patient sessions continue to be held at seven of the larger clinics in the more densely-populated areas and last from 6 p.m. until midnight. On Sundays and public holidays, clinic sessions are held at four centres in the urban area, two on each side of the harbour; these sessions cater for patients in need of emergency attention during week-ends and public holidays.

366. In the New Territories, apart from the fixed out-patient centres, two mobile dispensaries are operated on land while two launches act as 'floating clinics' and serve the more remote islands and the outlying coastal areas of the mainland. A helicopter 'flying doctor' service continued to operate once weekly to villages in the New Territories not easily accessible by other routes. The helicopter service was also used to transfer patients, in urgent need of emergency medical care, from outlying areas to hospital.

367. Appendices 12 and 13 show figures for the work done during 1962 at the out-patient departments of Government and Government-assisted institutions.

SPECIALIST SERVICES

368. There are Government Specialist Clinical Units of medicine, surgery, obstetrics and gynaecology, anaesthesiology, dentistry, neurosurgery, ophthalmology, orthopaedic surgery, otorhinolaryngology, pathology, paediatrics, psychiatry, radiodiagnosis, radiotherapy, social hygiene, thoracic surgery and tuberculosis. In addition, the Professors and certain Senior Lecturers of the University Faculty of Medicine act as Consultants in medicine, surgery, obstetrics and gynaecology, orthopaedics, pathology and paediatrics. Certain of the Government Special-

ists act as Honorary Consultants to the Tung Wah Group of Hospitals and others give part-time services as lecturers in the Faculty of Medicine.

RADIOLOGY

369. The Radiological Service, under the overall direction of the Senior Specialist in Radiology, consists of three branches—radio-diagnosis, radiotherapy and medical physics. It serves mainly Government institutions, but consultant services are also available to Government-assisted hospitals and to private medical practitioners on request. The headquarters of the service is situated at present in the Queen Mary Hospital.

370. The Senior Specialist and his staff undertake the instruction of medical undergraduates of the Hong Kong University in the basic principles of radiology. They also conduct in-service post-graduate training courses for radiologists leading to the Diplomas in Medical Radiodiagnosis and Medical Radiotherapy (D.M.R.D. and D.M.R.T. respectively) awarded jointly by the Royal College of Physicians, London, and the Royal College of Surgeons, England. Courses of instruction for student radiographers in preparation for the examinations for the Membership of the Society of Radiographers (London) are also maintained.

Radiodiagnosis Branch

371. This Branch provides a full X-ray diagnostic service in each of the following Government institutions:

| <i>Hong Kong Island</i> | <i>Kowloon and New Territories</i> |
|----------------------------------|------------------------------------|
| Queen Mary Hospital | Kowloon Hospital |
| Tsan Yuk Hospital | Kowloon Casualty |
| Sai Ying Pun Polyclinic | Lai Chi Kok Hospital |
| Sai Ying Pun Chest Clinic | Shek Kip Mei Chest Clinic |
| Wan Chai Chest Clinic | Castle Peak Mental Hospital |
| Medical Examination Board | Mobile Mass Radiography Unit (2) |
| Mobile Mass Radiography Unit (1) | |

372. Details of the work done during the year are shown in Table 37.

TABLE 37

WORK OF THE RADIOLOGICAL BRANCH—1962

| <i>Branch Departments</i> | | | | <i>No. of Patients X-rayed</i> | <i>No. of Exams.</i> | <i>No. of films taken</i> |
|--------------------------------------|-----|-----|-----|--|--------------------------|-----------------------------------|
| <i>Hong Kong</i> | | | | | | |
| Queen Mary Hospital | ... | ... | ... | 23,701 | 40,260 | 92,539 |
| Sai Ying Pun Polyclinic: | | | | | | |
| General Section | ... | ... | ... | 16,288 | 21,493 | 51,764 |
| Chest Section | ... | ... | ... | 16,840 | 44,548 | 44,743 |
| M.M.R. Unit (1) | ... | ... | ... | 62,709 | 66,903 | 66,903 |
| Tsan Yuk Hospital | ... | ... | ... | 6,989 | 8,669 | 10,200 |
| Wanchai Chest Clinic | ... | ... | ... | 19,868 | 56,956 | 56,956 |
| Medical Examination Board | ... | ... | ... | 9,276 | 17,358 | 18,343 |
| Tung Wah Hospital | ... | ... | ... | | (471)* | |
| Tung Wah Eastern Hospital | ... | ... | ... | | (301)* | |
| <i>Kowloon & New Territories</i> | | | | | | |
| Kowloon Hospital | ... | ... | ... | 42,122 | 60,227 | 101,958 |
| Shek Kip Mei Clinic: | | | | | | |
| Chest Section | ... | ... | ... | 59,101 | 70,848 | 90,084 |
| M.M.R. Unit (2) | ... | ... | ... | 79,929 | 79,929 | 80,137 |
| Kowloon Chest Clinic: | | | | | | |
| Chest Section | ... | ... | ... | 30,933 | 46,228 | 79,501 |
| M.M.R. Unit (2) | ... | ... | ... | 1,335 | 2,130 | 3,478 |
| Lai Chi Kok Hospital | ... | ... | ... | 2,681 | 2,962 | 5,028 |
| Castle Peak Hospital | ... | ... | ... | 2,233 | 2,413 | 2,827 |
| Pok Oi Hospital | ... | ... | ... | 791 | 849 | 1,076 |
| Kwong Wah Hospital | ... | ... | ... | | (1,888)* | |
| TOTAL: | ... | ... | ... | 374,796 | 521,773 | 705,537 |

* Not included in the total.

373. The total number of examinations performed showed an increase of 15% over those performed during the previous year, while the total number of individuals examined showed an increase of approximately 73.5%. This very large increase was in most part due to a mass chest X-ray survey of illegal immigrants during the summer of 1962.

374. New equipment received during the year included two Siemens' mobile image intensifier units. One is now in routine use at the Queen Mary Hospital and the other at the Kowloon Hospital. These units

greatly facilitate the work of the surgeons and radiotherapists in procedures such as the pinning of fractures, the removal of calculi and the introduction of radium needles and tubes or of radiogold grains. With the facility, such operations can now be performed with only minimal interruption as there is no necessity to wait for films to be taken and developed. As a result of the speeding up of these operations, the congestion in the operating theatres has been relieved and the turnover of certain categories of beds in the two hospitals has been increased.

Radiotherapy Branch

375. Facilities for deep X-ray, telecobalt, radium and radioisotope therapy, and also for diagnosis using radioisotopes, are provided at the Queen Mary Hospital, which is the headquarters of this branch. It also operates a service, mainly for superficial and contact X-ray therapy, at the Royal Hong Kong Jockey Club Clinic, Sai Ying Pun.

376. Due to the shortage of beds at the Queen Mary Hospital, hostel accommodation has been provided at the Oxfam Hostel, Victoria Road, for some of the poorer patients receiving radiotherapy at the Queen Mary Hospital who live some distance away from the hospital. This Hostel is run by the Catholic Social Welfare Organization, Caritas, but free transportation between the Hostel and the Queen Mary Hospital is provided by the Government.

377. A comparison of the work done during 1961 and 1962 is shown in Table 38.

TABLE 38
WORK OF THE RADIOTHERAPY BRANCH—1961-62

| | 1961 | 1962 |
|---|--------|--------|
| Number of new patients seen | 1,504 | 1,564 |
| Number of new diseases diagnosed | 1,509 | 1,564 |
| Number of new cases of malignancy seen | 1,079 | 1,089 |
| Number of patients treated | 1,501 | 1,792 |
| Number of new cases treated | 1,105 | 1,236 |
| Number of cases of malignant disease treated | 1,193 | 1,366 |
| Number of cases of new malignant disease treated | 888 | 935 |
| Attendances for X- and gamma-ray treatment | 42,475 | 46,343 |
| Courses of radioisotope therapy given | 179 | 291 |
| Radium or radiocobalt applications | 182 | 199 |
| Patient attendances at Radiotherapy Clinics | 17,228 | 17,806 |
| Biopsies performed | 796 | 727 |
| Radioiodine tracer studies: | | |
| Thyroid function tests | 272 | 479 |
| Topographical surgery | 18 | 312 |

Physics Branch and Workshop Section

378. As in previous years the section, which is under the immediate direction of the Senior Physicist, has played an important part in the routine work of the Radiotherapy Branch, and has assisted in the training of radiologists and radiographers. Its other functions consist of operating a radiation protection service for the Radiological Service and of giving advice and assistance to other Government departments in matters connected with radiation hazards and protection. The workshop section undertakes the maintenance, repair and calibration of all the radiological and physics equipment in the Department. It produced many spare parts during the year as well as electronic instruments and other devices to improve certain radiological techniques and the working efficiency of the Radioisotope Laboratory. This section has also been testing the new radiological and physics equipment for the Queen Elizabeth Hospital, prior to its installation.

Clinical Photography Service

379. This service, established in 1958, is now staffed with 2 Medical Photographers, one having been appointed towards the end of the year for training to work in the Queen Elizabeth Hospital Radiological Institute. During the year, the Photographers took 458 clinical photographs, produced 607 projection slides for teaching purposes, made 517 X-ray reproductions for the radiological museum and for scientific publications for the perusal of the staff and students.

380. In addition, the senior Photographer gave demonstrations in medical photography to student radiographers and developed 1,610 radiation monitoring films for the Physics Section as part of the routine radiation protection activities.

OPHTHALMOLOGY

381. This service, which is under the direction of the Ophthalmic Specialist, maintains two full time centres with surgical facilities, one on Hong Kong Island and one in Kowloon. Ophthalmic teams also visit regularly on a sessional basis—clinics in urban and rural areas.

382. Owing to maintenance difficulties, the Mobile Ophthalmic Unit provided by the British Red Cross Society was finally withdrawn from service in the New Territories in December, 1962; it has since been replaced by another vehicle maintained by Government. During the year 219 eye operations were carried out by the Mobile Unit and a total of 2,143 patients treated.

383. Table 39 indicates the work of the Ophthalmic Service in 1961 and 1962:

TABLE 39
WORK OF THE OPHTHALMIC SERVICE 1961-62

| | 1961 | 1962 |
|---|---------|---------|
| New outpatient attendances | 76,214 | 83,852 |
| Total outpatient attendances | 204,811 | 236,416 |
| Operations performed | 4,011 | 4,056 |
| Home visits by Health Visitors | 3,218 | 3,260 |
| Spectacles provided for children | 2,184 | 1,757 |

384. During the year 742 persons were registered as blind; the major causes of blindness recorded in these persons were as follows:— Cataract (33%), Kerato-malacia (19%), Trachoma (11%) and Glaucoma (10%).

385. The Almoners and Health Visitors attached to this service extended their work to cover the majority of those ophthalmic sessions which are held in the more outlying rural areas.

THE PHARMACEUTICAL SERVICE

386. The Headquarters of this service is at the Central Medical Store located in the Government Stores Compound, North Point. The Chief Pharmacist is in charge of a staff of two Senior Pharmacists, nine Pharmacists and 163 Dispensers, the majority of whom are posted in a total of fifty-two hospital pharmacies and out-patient dispensaries in various parts of the Colony. The Chief Pharmacist is a member of the Pharmacy Board and is largely responsible for the enforcement of the Ordinances dealing with Dangerous Drugs, Pharmacy & Poisons, and Penicillin. Two full-time Pharmacists carry out regular inspections of manufacturing houses, retail pharmacies and the dispensaries of Government-assisted and non-Government hospitals.

387. During the year considerable assistance has been given, by members of the inspector staff, to the Police in raids on premises involved in the illegal possession of Dangerous Drugs, Antibiotics and Scheduled Poisons. The work done in 1962 is shown in Table 40.

TABLE 40
PHARMACEUTICAL CONTROL 1961-62

| | 1961 | 1962 |
|---|-------|-------|
| Wholesale Poisons Licences issued | 417 | 453 |
| Authorized Sellers Licences issued | 37 | 41 |
| Listed Sellers Licences issued | 621 | 640 |
| Antibiotics Permits issued | 260 | 315 |
| Licences for movement of Dangerous Drugs | 395 | 408 |
| Premises inspected | 2,778 | 2,563 |
| Prosecutions | 25 | 51 |

388. The Central Medical Store is the main depot supplying all Government medical institutions in Hong Kong and the surrounding islands with pharmaceuticals, medical and surgical equipment and supplies and medical gases. A branch, the Kowloon Medical Store, is the distribution centre for Kowloon and the New Territories. Manufacturing units for the supply in bulk of pharmaceuticals in concentrated form are maintained at both Stores. Parenteral fluids and other sterile preparations are manufactured at the Central Medical Store and at the Queen Mary Hospital Pharmacy. During the year, nearly 150,000 litres of miscellaneous parenteral fluids were prepared. Other sterile preparations, which included a wide range of ampoules for injection, ophthalmic solutions and ointments, totalled about 200,000 items.

389. During the year the Chief Pharmacist and his headquarters staff were actively engaged in the planning of the Central Sterile Supply Department of, and in the provision of instruments and medical equipment for, the Queen Elizabeth Hospital.

THE ALMONER SERVICE

390. Medico-social work, which is an essential adjunct to the curative medical services of Government, is the responsibility of the Principal Almoner and a staff of 2 Senior Almoners and 52 Almoners. Amongst the latter is included the first male almoner to be recruited in Hong Kong—a significant and welcome development.

391. The sudden influx of refugees in May, 1962 brought new demands and problems, not only in an increase of sick people whose claims on local relatives and friends was slight, but also in the greater need for careful explanation and documentation among those unaccustomed to the way of life in Hong Kong.

392. Almoners are attached to all the larger hospitals, to certain of the main clinics in urban areas and to the Tuberculosis, Ophthalmic, Mental Health and Social Hygiene Services.

393. In the larger hospitals and clinics the range of almoner services is wide and complex. The Orthopaedic and Neurosurgical Units require particular attention as the many accident cases need guidance and assistance when ready for discharge; schooling for handicapped children frequently presents difficulty and, due to the considerable help given by voluntary organizations, with which there has been close liaison, much has been accomplished in this sphere. The British Red Cross Society (Hong Kong Branch) provides a teacher for the children's wards at

Queen Mary Hospital and maintains the Princess Alexandra School in the Crippled Children's Home at Kwun Tong; the Salvation Army Convalescent Home at Cheung Chau received 92 children from the wards of Queen Mary Hospital during the year. For adults, the Kwun Tong Rehabilitation Centre provided accommodation and physical therapy for discharged orthopaedic cases and the Oxfam Hostel housed and fed 186 destitute patients undergoing radiotherapy. The need for convalescent and long-term beds for patients who are ready for discharge from the acute hospitals remains urgent if the present rate of turnover in such hospitals is to be maintained.

394. In the Mental Health Service, the almoner's work is rather more specialized and time-consuming, requiring skilled case work especially with the family of the patient; home visits are useful in this type of social work and nearly 1,000 such visits were made by almoners in 1962.

395. Drug addicts coming forward for voluntary treatment have also required much individual social work. Almoners assist in the selection of voluntary patients for admission to the Treatment Centre at Castle Peak Hospital and deal with the problems arising in the families who are left at home during the patient's six months' absence, as well as with other difficulties which may become apparent when the patient is ready for discharge.

396. The almoners attached to the Social Hygiene Service are chiefly concerned with patients suffering from leprosy. The problem of employment of these patients after clinical cure remains difficult as, apart from ostracism based on traditional fears, many of the patients are illiterate and unskilled.

397. In the Ophthalmic Service, the almoners attend on a full-time basis at the two ophthalmic centres—the Violet Peel Polyclinic and the Arran Street Eye Clinic. A visit is also made once weekly with the ophthalmic team to the Yuen Long Clinic.

398. The in-service training of newly appointed almoners is organized by the Principal Almoner at the Harcourt Health Centre. Instruction and talks on medical social work are also given to student nurses, to medical students and to social studies students from the University of Hong Kong, to secondary School pupils and to other groups of potential social workers.

399. The Samaritan Fund administered by the Principal Almoner disbursed \$19,681.50 during the financial year 1962-63. The main expenditure was on fares for travel to enable patients to attend for treatment

and, in the case of Castle Peak Hospital, for relatives to see doctors. This fund relies entirely on private donations without assistance from Government and expenditure is therefore limited.

400. The Leprosy Fund expended \$6,821.05 in the year, a rise of nearly 200% over 1961; the fund is used largely for assistance in paying rents for the accommodation of families of patients undergoing prolonged treatment in the Hei Ling Chau Leprosarium.

401. Generous donations of free foods, made by C.A.R.E., the Catholic Relief Services, the Church World Service, the Lutheran World Service, the Boys and Girls Clubs Association and U.N.I.C.E.F., were available for distribution by the Almoners and are gratefully acknowledged.

402. The medical social work of the Almoner Service was greatly assisted by the ready co-operation afforded by the Family Welfare Society, the Church World Service, Caritas, the Family Planning Association, the Hong Kong Branch of the British Red Cross Society, the Lutheran World Service, the Salvation Army, the Hong Kong Cheshire Home, the Hong Kong Society for Rehabilitation, and the Po Leung Kuk. In addition, the Social Welfare Department and the Resettlement Department continued to give valuable co-operation in their respective spheres.

PHYSIOTHERAPY

403. Full-time physiotherapy units are maintained in the Queen Mary, Kowloon and Lai Chi Kok Hospitals and in the Wanchai Polyclinic. A part-time service was operated three days each week at Castle Peak Hospital, commencing in October 1962.

404. At the Kowloon Hospital, work again increased by approximately 1,000 more treatments per month compared to the previous year. A sharp rise in the number of cases of paralytic poliomyelitis during the summer months was the main cause of this increase which called for the erection of a marquee in the Hospital grounds to provide temporary additional accommodation. Rehabilitation of selected bedridden patients suffering from hemiplegia from the Kwong Wah Hospital was undertaken twice weekly in groups of 10.

405. At the Wanchai Polyclinic, re-training classes for poliomyelitis patients also had to be expanded during the summer. The Government Information Services made a film showing these children at their exercises which was later used in the oral vaccination campaign.

406. The unit in the Queen Mary Hospital was engaged in more specialized work for orthopaedic and neurosurgical cases; the installation of overhead suspension frames in four of the general wards for these patients has proved a great asset in giving treatment on the wards and saves considerable time hitherto occupied by the transport of patients to and from the physiotherapy department.

407. At the Lai Chi Kok Hospital there are large numbers of cases requiring physiotherapy amongst both the surgical and orthopaedic convalescent patients transferred from Kowloon Hospital and amongst the children with poliomyelitis admitted to the infectious diseases section of the hospital. During the cholera outbreak in the autumn a number of convalescent patients were moved to the Kwong Wah Hospital where their physiotherapy was continued by visiting staff from Lai Chi Kok who conducted sessions there three times each week.

408. The Training School, temporarily housed in part of the old Pathology Institute building in Caine Lane, continued its work during the year. Two students sat their preliminary examination in May and both were successful; seven new students were enrolled in September and have made a satisfactory start to their studies.

OCCUPATIONAL THERAPY

409. The activities of this unit are the responsibility of the Superintendent Occupational Therapist, and are mainly in those institutions which have large numbers of long-stay patients. The work is particularly valuable for psychiatric and drug-addiction patients.

410. At Castle Peak Hospital some 600 patients each day attended the various occupational therapy groups; activities for women patients included craft-work, toy-making, sewing, pottery-modelling, painting and music classes, while carpentry, rattan work, tailoring and gardening were the main occupations for men patients.

411. Considerable work was carried out on Government orders for making brooms, brushes and mops, and a selected group of patients was employed on making wooden crates for a local brewery.

412. Recreational activities, both indoor and outdoor, were organized on an increased scale during the year and included field games, concerts, film shows and other social activities.

413. In the Drug Addiction Treatment Centre at Castle Peak Hospital there was a particular need for occupational therapy activities.

The patients, who are all male, undergo voluntary treatment for their addiction for a period of six months and are in an entirely different category to those suffering from mental disorders who are housed in the main blocks of the hospital. The payment incentive scheme was most successful and added to the remedial value of the work done; it was found that the response and behaviour of patients was enhanced by separation into small working groups of not more than six persons. Sewing and tailoring work was undertaken for the Department's Central Linen Store in preparation for the opening of the Queen Elizabeth Hospital. Other groups helped in ward cleaning and kitchen duties and a construction group has been most useful both in concreting paths around the hospital and in the building of a pavilion in the grounds. A full range of recreational activities was maintained and relations between staff and patients were greatly improved in comparison with the early periods of this pilot voluntary treatment scheme.

414. At the Queen Mary Hospital, occupational therapy is less frequently prescribed as the great majority of in-patients are acute cases, but essential after-care for post-operative orthopaedic and neuro-surgical patients is increasingly prescribed and three specialized hand-looms were added to the ward equipment for this purpose during 1962.

415. The work at Lai Chi Kok Hospital is of considerable variety, being amongst tuberculosis patients and the convalescent patients from Kowloon Hospital. Weekly outpatient treatment and job-training sessions for men with amputated limbs were established during the year, with the object of giving these patients confidence and skill in the use of their newly-fitted prostheses. The majority were arm amputees eager to resume employment.

416. The Sixth Annual Exhibition and Sale of Work was held in the City Hall in October 1962 and was officially opened by Lady BLACK. The Exhibition showed, for two full days, a wide range of handicrafts by patients from all sections of the Occupational Therapy Service, and the sale of finished articles realized more than \$7,500. In addition, sales of products throughout the year realized a further \$25,592.

ORTHOPAEDIC AND PROSTHETIC APPLIANCES

417. This unit is staffed by an Orthopaedic Appliance Technician, 6 student assistant technicians and 7 artisans. Premises in the Harcourt Health Centre provided offices and workshops on a temporary basis, but

a permanent establishment is included in the new Jockey Club Rehabilitation Centre at Kowloon Hospital, which is expected to be completed in the summer of 1963.

418. The training of the student technicians has proceeded satisfactorily, and the Institute of British Surgical Technicians in London, who scrutinized test examination papers, have now agreed to recognize this training for entry to its examinations.

419. The amount and variety of work undertaken have increased considerably; 577 surgical appliances, totalling HK\$70,666 in value, were produced compared with 231 in the previous year. The output is, however, still insufficient to meet the demand, which now exceeds 100 new prescriptions per month from orthopaedic surgeons. Fees recovered against the cost of these appliances were \$45,139, compared to \$20,364 in 1961.

420. Apart from routine work at Government hospitals, outpatient departments and physiotherapy clinics, visits were made on request to the Sandy Bay Convalescent Home, the British Red Cross Crippled Children's Home at Kwun Tong and Hei Ling Chau Leprosarium. Co-operation with the Hong Kong Society for Rehabilitation, the Lutheran World Service and the Social Welfare Department was successfully continued throughout the year.

421. Experimental procedures on several new types of appliance have been developed with success, particularly on 'above knee' plastic sockets and 'below knee' prostheses which have resulted in the standardization of component parts in plastic materials and a reduction in the costs of production. Further research work is in progress on the use of polycocyanate foam as a casting jig for below-knee prostheses, on a pressure indicator for the determination of thrust in deformed feet and on a material to indicate areas of socket pressure in anaesthetic stumps of amputated limbs.

MEDICAL EXAMINATION BOARD

422. This Board performs the medical examination of all new entrants to Government employment and to the Auxiliary Defence Services. Members of the Civil Service prior to transfer outside Hong Kong are also medically examined by the Board. In addition, work is carried out, on request, for countries which require prospective immigrants to submit a certificate of physical fitness. Each examination involves a comprehensive physical check, certain routine laboratory

investigations, an X-ray of the chest and any other special investigations which may be considered necessary. Specialist advice is available from the Government clinical units. The work of the year is summarized at Table 41.

TABLE 41
WORK OF THE MEDICAL EXAMINATION BOARD 1961-62

| | <i>Government Appointments</i> | | <i>Auxiliary Defence Units</i> | | <i>Miscellaneous</i> | | <i>Total</i> | |
|---------------------|------------------------------------|---------------|------------------------------------|--------------|----------------------|-------------|---------------|---------------|
| | <i>1961</i> | <i>1962</i> | <i>1961</i> | <i>1962</i> | <i>1961</i> | <i>1962</i> | <i>1961</i> | <i>1962</i> |
| New examinations .. | 5,776 | 6,725 | 2,116 | 1,984 | 115 | 106 | 8,007 | 8,815 |
| Re-examinations .. | 3,571 | 3,773 | 3,547 | 3,081 | 32 | 1 | 7,150 | 6,855 |
| Annual total .. | <u>9,347</u> | <u>10,498</u> | <u>5,663</u> | <u>5,065</u> | <u>147</u> | <u>107</u> | <u>15,157</u> | <u>15,670</u> |

423. Of the persons referred for a specialist opinion the great majority are suffering from abnormalities of the respiratory system. Pulmonary tuberculosis accounted for the rejection of 84% of all persons found as unfit for service as against 88.7% in 1961. The analysis of the causes of rejection is given in Table 42.

TABLE 42
UNFITNESS BY CAUSES 1961-62
(per 1,000 total examination)

| | <i>1961</i> | <i>1962</i> |
|--|--------------|--------------|
| Pulmonary Tuberculosis | 50.60 | 44.29 |
| Diseases of the Respiratory System (excluding Tuberculosis) | 2.84 | 6.76 |
| Diseases of the Circulatory System | 1.32 | 2.11 |
| Diseases of the Alimentary System | 0.33 | 0.38 |
| Diseases of the Skeletal System | 0.13 | 0.06 |
| Diseases of the Genito-urinary System | 0.53 | 0.19 |
| Diseases of the Nervous System | 0.59 | 0.45 |
| Diseases of the Endocrine System | 0.20 | 0.19 |
| Diseases of the Eye | 0.53 | 0.51 |
| Diseases of the Skin | 0.26 | 2.68 |
| Miscellaneous diseases | 0.13 | 0.19 |
| Total | <u>57.47</u> | <u>57.81</u> |

424. The Board also undertakes the immunization of candidates appointed to posts which carry special risks. Immunization procedures consist of tuberculin testing and Schick testing, followed by B.C.G. or diphtheria toxoid vaccination as required, and T.A.B. inoculations.

HOSPITAL MAINTENANCE AND SUPPLY

425. This function is the responsibility of the Chief Hospital Secretary, assisted by a staff of Senior Hospital Secretaries, Hospital Secretaries and Assistant Hospital Secretaries. There are two group Hospital Secretaries, one at the Queen Mary Hospital and the other at Kowloon Hospital, who are responsible for the routine supply and lay administration of the medical institutions on their respective sides of the harbour. In addition, one Hospital Secretary was working in the Planning Unit at Headquarters and another was stationed at the Castle Peak Hospital. Assistant Hospital Secretaries are posted to major institutions within the two main groups.

426. The function of this branch is the maintenance of the routine administrative work in the hospitals and clinics. This includes the supply of fuel, rations and medical and surgical equipment, the maintenance of equipment and furniture, the recruitment and discipline of all male menial staff, the maintenance of transport and the initiation of repair work to the fabric of buildings. The Chief Hospital Secretary is also the Departmental Welfare Officer and the U.N.I.C.E.F. Liaison Officer.

427. A Hospital Services Section, which was formed during the previous year, is responsible for the day-to-day running and maintenance of the steam and engineering services in the major institutions, and is under the control of the Electrical and Mechanical Engineering Branch of the Public Works Department. Electronic equipment has again been maintained most efficiently by the staff of the Telecommunications Division of the Postmaster General's Department and grateful acknowledgement is made of the valuable assistance given by these two Departments.

Staff Welfare

428. The Medical and Health Department Staff Welfare Association, with its branches in the Kowloon and Castle Peak Hospitals, provides staff recreation centres in the three large institutions of the Department. The Association continued to support a number of welfare schemes to aid the families of members or of pensioners.

429. Staff relations continued to be good and there were very few cases requiring disciplinary action in relation to the size of the staff concerned.

UNICEF Assistance

430. The milk feeding programme, which is sponsored by UNICEF, continued throughout the year. Altogether 70,956 lbs. of UNICEF milk were distributed to welfare organizations throughout the Colony and the total number of supplementary meals given at feeding centres was 1,376,653, an increase of 176,634 over the previous year.

AUXILIARY MEDICAL SERVICE

431. Recruitment to the Auxiliary Medical Service was started in October, 1950, under the provisions of the Essential Services Corps Ordinance, 1950. The primary aim of the Service is to train and maintain a corps of men and women who are available to greatly augment the Colony's hospital and ambulance services during an emergency. During recent years, however, increasing use has been made of members of the Service to support Departmental staff during outbreaks of infectious diseases and during mass inoculation campaigns.

432. Up to June, 1961, those joining the Auxiliary Medical Service were both volunteer and conscripted members. On the abolition of conscription in that month, conscripted members had the opportunity either to become volunteers or to resign. The loss of conscripted members has been more than balanced by the volunteers recruited and the strength of the Service at 31st March, 1963, stood at over 4,800 men and women.

433. The Medical Defence Staff Officer is responsible for all routine administration and training activities, and the Director of Medical and Health Services is the Unit Controller. During a total Colony emergency, the ambulance and first-aid sections of the Service come under the operational control of the Civil Aid Services.

434. There are now 41 Ambulance Depot Teams spread over 24 districts of Hong Kong, Kowloon and the New Territories. Training has progressed favourably throughout the year, and keen competitions for the 'MacKenzie' shield, the 'Teng' cup and the 'Small' cup were of considerable value in improving the all-round efficiency of the Teams.

435. Demonstrations were given, during the Kai-fong Welfare Associations' 'Traffic Safety Week' and during their Health Education Exhibition. These demonstrations consisted of First Aid, both when medical equipment is available on the spot and when improvisation has to be undertaken.

436. Co-operation with the Civil Aid Services continued to be of a high standard, and during the year combined Civil Defence Exercises were staged in Hong Kong and Kowloon. The use of wound-faking and acting techniques have contributed considerably to a marked degree of realism during these exercises and also in the various competitions.

437. Twenty-two Auxiliary Dressers from the Ambulance Teams are on duty every Sunday with the Fire Services, and are gaining valuable practical experience in the use of equipment and in the routine work of the Fire Services Ambulance section.

438. The blood-grouping of all members of the Auxiliary Defence Units was carried out during the year, and all members of the Auxiliary Medical Service are now blood-grouped as soon as they are enrolled.

439. During the cholera outbreak in 1962, members of the Auxiliary Medical Service were employed on duties in the quarantine station and at inoculation centres. They were also employed on rescue and first-aid work in the maintenance of hostels for those rendered homeless when typhoon *Wanda* struck the Colony on 1st September, 1962. Auxiliary Medical Service men and women were employed as inoculators and recorders throughout the two phases of the anti-poliomyelitis immunization campaign held in January and March, 1963.

440. In March, 1963, the uniformed members of the Auxiliary Medical Service paraded for the first time as a body. The Parade was inspected by the Unit Controller after which he took the salute at the March Past. The success of this occasion was a tribute to the enthusiasm and keenness of the members of this branch of the Auxiliary Defence Services.

V. DEVELOPMENT PROGRAMME

PLANNING UNIT

441. The functions of this unit, which was staffed during the year by a Principal Medical and Health Officer and an Hospital Secretary, are:

- (a) to prepare outline plans for the development of medical and health facilities in Hong Kong, in consultation with other branches of the medical services concerned;
- (b) to undertake, in close liaison with the Public Works Department, the detailed planning of projects approved by the Finance Committee of the Legislative Council; and

- (c) to give advice and assistance to voluntary organizations and other philanthropic bodies which are co-operating with the Government in the provision of medical facilities.

442. Since the formation of the Unit in 1959, the major part of its work has been devoted to the detail of the planning of the Queen Elizabeth Hospital. By the end of 1962, with the new hospital nearing completion and the greatest part of the equipment ordered, the Planning Unit's part in this major project was completed. Accordingly, on the formation of the Queen Elizabeth Hospital Commissioning Unit in January 1963, consisting of the designate Medical Superintendent, Senior Matron and Senior Hospital Secretary, responsibility for further action was handed over to this Commissioning Unit.

443. The Planning Unit has also been responsible for the implementation of the plan for development of hospital and clinic services covering the period 1960-65 which was approved in principle by the Executive Council in June, 1960. Draft schedules of accommodation, staff and equipment for approved projects have been prepared and examined, in consultation with the Colonial Secretariat, after which they were submitted at the appropriate time to the Public Works and Staff Increases Sub-Committees and to the Establishment Committee. With the experience gained during the expansion programme of recent years, standard schedules have been prepared for various types of out-patient clinics, maternity and child health centres and maternity homes; these standards have been accepted by Government and have simplified greatly the preparatory work required for the lesser projects undertaken by the Planning Unit.

444. Once approval of a new project has been given, sketch plans are checked, and, providing that no amendments are considered necessary, authority is sought for working drawings to commence; the project is then allocated its priority and the Planning Unit supervises all stages of its development until it is handed over as an operational unit to the relevant branch of the Service.

445. During the financial year 1962-63 six projects which had been completed were handed over. On 31st March, 1963, six projects were under construction and another seven had reached a state where working drawings were being prepared; sketch plans of a further five projects had been completed by architects of the Public Works Department or by private architects appointed for the work. An additional twelve projects are listed in the Estimates for the year 1963-64 which await financial

approval and the allocation of a priority so that detailed planning can start. Progress of approved works is detailed below.

BUILDING PROGRAMME

April 1, 1962 to March 31, 1963

(a) Buildings or extensions to existing institutions completed during the year :

| | |
|--------------------|---|
| September 9, 1962 | <i>Mui Wo Clinic Extension</i> — comprising labour room and staff quarters. |
| September 12, 1962 | <i>The Queen Elizabeth Hospital Specialist Clinic</i> — donated by the Royal Hong Kong Jockey Club, provides the outpatient consultant facilities for the Hospital's specialist units. |
| September 29, 1962 | <i>The Anne Black Health Centre, North Point</i> — erected from funds provided equally by Dr. TANG Shiu-kin, C.B.E., LL.D., and his friends and by Government, provides outpatient facilities, a maternal and child health centre and a maternity ward of 6 beds. |
| November 27, 1962 | <i>The Airport Medical Clinic</i> — provides necessary medical examination and inoculation facilities for the increasing air traffic. |
| February 14, 1963 | <i>The Jockey Club Clinic, Wang Tau Hom</i> — donated by the Royal Hong Kong Jockey Club, provides outpatient facilities, a maternity and child health centre and a maternity ward of 24 beds. |
| March 31, 1963 | <i>Medical and Health Department Store, Hong Kong</i> — provides central general, linen and A.M.S. storage for all institutions on Hong Kong Island. |

(b) Projects under construction on March 31, 1963 :

1. Queen Elizabeth Hospital
2. Jockey Club Clinic, Shau Kei Wan
3. Jockey Club Kowloon Rehabilitation Centre
4. Tang Shiu-kin X-Ray Survey Centre and Dental Clinic
5. Robert Black Health Centre, San Po Kong
6. Queen Mary Hospital Extension, Stage I (re-alignment of approach road)

- (c) Projects for which working drawings were being prepared on March 31, 1963 :
1. Kam Tin Clinic
 2. The Lions Clubs Government Maternal and Child Health Centre
 3. Kwun Tong Health Centre
 4. Li Po Chun Clinic, Tai Kok Tsui
 5. Sha Tin Clinic
 6. Yuen Long Clinic
 7. Queen Mary Hospital Extension, Stage II (operating theatres and radiodiagnostic department).
- (d) Projects for which sketch plans were prepared or received during the year :
1. Combined Vaccine Institute
 2. Jockey Club Clinic, Yau Ma Tei
 3. Queen Mary Hospital Extension, Stage III (Professorial building and quarters for nursing staff)
 4. Tsuen Wan Out-patient's Clinic
 5. Cheung Sha Wan Health Centre
- (e) The preparation of sketch plans has not yet commenced on the following buildings which are listed in the 1963-64 Estimates.
1. New Lai Chi Kok Hospital
 2. St. John's Hospital, Cheung Chau; Outpatients clinic and major alterations
 3. Mental Defectives Home
 4. Redevelopment of Sai Ying Pun Hospital Site
 5. Shau Kei Wan Hospital
 6. Castle Peak Maternity Home
 7. Chai Wan Maternity and Child Health Centre
 8. Hong Kong Mental Health Centre
 9. Kowloon Dental Clinic
 10. Morrison Hill Clinic
 11. Tsz Wan Shan Clinic
 12. Wong Tai Sin Clinic

VI. HOSPITAL COSTING

446. In last year's report figures were given of the costing of representative hospital units. Records have been maintained for the same units this year using exactly the same basis of expenditure for comparison, and these are detailed in Table 43. The total cost in 1962 are somewhat higher in each case, but, since more patients were treated in these institutions, the average cost of treating each patient is less in most instances.

TABLE 43

HOSPITAL COSTINGS — 1961-62 AND 1962-63

| <i>Unit</i> | <i>1961-62</i> | | | <i>1962-63</i> | | |
|--|-------------------|--------------------------------------|---|-------------------|--------------------------------------|---|
| | <i>Total Cost</i> | <i>Cost per bed per year</i> | <i>Cost per patient treated</i> | <i>Total Cost</i> | <i>Cost per bed per year</i> | <i>Cost per patient treated</i> |
| Queen Mary Hospital (Acute general and teaching) .. | \$13,039,173 | \$19,119 | \$ 713 | \$13,753,733 | \$18,814.95 | \$ 645 |
| Kowloon Hospital (Acute general) .. | \$ 9,972,110 | \$16,931 | \$ 404 | \$11,263,708 | \$17,066.22 | \$ 376 |
| Lai Chi Kok Hospital (Infectious and convalescent) .. | \$ 2,389,515 | \$ 4,968 | \$ 351 | \$ 2,303,730 | \$ 4,789.45 | \$ 283 |
| Tsan Yuk Hospital (Maternity and teaching) .. | \$ 2,124,747 | \$10,624 | \$ 240 | \$ 2,171,967 | \$10,859.83 | \$ 253 |
| Castle Peak Hospital (Mental) .. | \$ 5,360,478 | \$ 4,790 | \$2,519 | \$ 6,156,883 | \$ 5,502.13 | \$2,635 |

VII. TRAINING PROGRAMME

DOCTORS

447. The University of Hong Kong confers the degrees of M.B., B.S. which have been registrable with the General Medical Council of the United Kingdom since 1911. At present the Faculty of Medicine admits between 70 and 80 students each year, of whom, between 35 and 50 eventually graduate. After provisional registration with the Medical Council of Hong Kong, the graduates are required to undergo a 12 months' period of compulsory internship in posts approved by the University. There are plans to increase gradually the intake of medical students to about 120 each year between now and 1966 with the aim of graduating some 80 doctors each year.

448. A number of clinical posts in the major hospitals are recognized for post-graduate training by the majority of the examining bodies in Britain.

449. The post-graduate training of doctors in the Government Service for higher qualifications necessary for appointment to specialist clinical posts in general medicine, surgery, orthopaedics, paediatrics and obstetrics and gynaecology, is under the supervision of the Panel on Post-Graduate Medical Education, which consists of the University Clinical Professors, the Government Clinical Specialists and members

of the Medical Headquarters staff. The Panel meets twice-yearly to review the progress of the doctors under training and to make recommendations regarding the awards of study leave overseas.

450. The programme of training of doctors for the post-graduate qualifications necessary to staff the clinical units in the new Queen Elizabeth Hospital is now well advanced and the supply of well-qualified and experienced clinicians is assured in practically all the specialized fields.

DENTAL STAFF

451. No undergraduate training in Dentistry has yet been established in Hong Kong, but Government awards annually scholarships for the study of dentistry overseas. In February, 1963, three students joined the University of Melbourne, Australia, and, for the first time, three Hong Kong scholars were accepted for dental studies by the University of Otago, New Zealand. Altogether, since the scholarship scheme started in 1954, twenty-one students have returned to Hong Kong as qualified dental surgeons.

452. With the appointment of eight Student Dental Technicians in January/February, 1963, the third class of such students embarked on their four-year training. Initial training was transferred during 1962 to the dental laboratory of the Hong Kong Technical College. This laboratory was set up by the college in 1960, and has been fully used in the evenings for the further training of dental technicians, most of whom have been in the employment of dentists in private practice. One hundred and twenty technicians were given short elementary courses in the first two years, and, in 1962-63, thirty places were available on two concurrent 30-week evening courses of a more advanced nature. Judging by the heavy demand for places, these advanced courses, like the elementary courses before them, are fulfilling a very great need among privately employed dental technicians, many of whom have never received any formal training in their craft.

453. Dental Nurses, who carry out preventive and minor operative work in the Government Service under the supervision of Dental officers, are being trained in New Zealand and Penang. Six of these dental auxiliaries are now employed in the public service in Hong Kong. A further two student dental nurses were sent to Penang under World Health Organization scholarships during 1962.

NURSES

454. During the year, courses of training continued satisfactorily in General Nursing, Psychiatric Nursing, Midwifery and for Health Visitors. The large increase, from 121 to 197, in the number of entrants to the General Nursing Course placed an increasingly heavy burden on the Matrons, Sister Tutors and Sisters who carry out the training.

General Nursing

455. There is full reciprocity of registration between the general nursing qualifications of the Nursing Board in Hong Kong and of the General Nursing Council of England and Wales. In the Queen Elizabeth Hospital School of Nursing and in the Nurses Training School at the Queen Mary Hospital, the medium of instruction is English, while in the other approved Nurses Training Schools, which are maintained by the Tung Wah Group of Hospitals, the Nethersole Hospital and the Hong Kong Sanatorium and Hospital, teaching is carried out in Chinese. At the end of March, 1962, the following numbers were under training as general nurses.

| | | <i>Women</i> | <i>Men</i> | <i>Total</i> |
|---------------------------------------|-----|--------------|------------|--------------|
| Government Schools of Nursing ... | ... | 384 | 60 | 444 |
| Tung Wah Hospitals ... | ... | 287 | — | 287 |
| Nethersole Hospital ... | ... | 153 | — | 153 |
| Hong Kong Sanatorium and Hospital ... | ... | 136 | — | 136 |
| | | <hr/> | <hr/> | <hr/> |
| Total ... | ... | 960 | 60 | 1,020 |
| | | <hr/> | <hr/> | <hr/> |

Psychiatric Nursing

456. The School of Psychiatric Nursing at the Castle Peak Hospital, now in its third year had 56 students in training, of whom 16 were women. Although the number of entrants to the Psychiatric Nursing course increased from 23 to 26, the response is not yet sufficient to meet the demand for locally-trained psychiatric nurses. The qualification is fully recognized by the General Nursing Council of England and Wales.

Midwives

457. Registered general nurses who have trained in the Government Schools of Nursing are expected to proceed to a one-year course in midwifery, conducted in English as the teaching medium, in the maternity wards of the Queen Mary and Kowloon Hospitals. The number of nurses taking this course increased from 60 to 82, which is

about the maximum which can be taught on the number of maternity beds available at present for training in midwifery. Nurses who have trained in other approved training schools can also take a similar course, conducted in Chinese, in the maternity wards of their respective hospitals.

458. For student midwives who are not registered nurses, there is a two-year training course conducted in Chinese by the Government staff at the Tsan Yuk Hospital.

HEALTH VISITORS

459. As in previous years, a course of training was held at the Harcourt Health Centre for ten student Health Visitors. Each entrant to this course has previously obtained qualifications both in general nursing and in midwifery. After one year's tuition and study, the students take the examination for the Health Visitor's Certificate, which is conducted by the Hong Kong Examination Board of the Royal Society for the Promotion of Health.

RADIOGRAPHERS

460. The training of radiographers at the Queen Mary Hospital in radiodiagnosis is recognized by the Society of Radiographers in the United Kingdom. Examinations for both Parts I and II of the Membership of the Society of Radiographers (Diagnostic) are held annually in the Colony.

LABORATORY TECHNICIANS

461. The Government Institute of Pathology is recognized by the Institute of Medical Laboratory Technology in the United Kingdom as a teaching laboratory from which entrance can be gained directly to the Intermediate Examination of the Institute. Approval has now been received for this Intermediate Examination to be held in Hong Kong.

462. The Institute maintains an in-service course of training for Medical Laboratory Technicians, which follows closely the curriculum of the Institute of Medical Laboratory Technology and which leads to a departmental examination necessary for advancement in the Service. The content of the course enables those suitably qualified to enter later for the examinations leading to the Associateship of the Institute of Medical Laboratory Technology.

PHYSIOTHERAPY

463. A Physiotherapy Training School, which was established in September, 1960, provides a full-time course of training in Physiotherapy. The course follows completely the syllabus laid down by the Chartered Society of Physiotherapy in the United Kingdom, and is conducted by qualified Physiotherapy Tutors. Recognition of this course of training by the Chartered Society is now being sought. Meantime, the School is accommodated in converted premises in the old Pathology Institute of Hong Kong Island, where it will remain until the completion of the Queen Elizabeth Hospital in Kowloon.

OTHER FORMS OF DEPARTMENTAL TRAINING

464. In-service courses of training are held for Dispensers, Tuberculosis Workers, Social Hygiene Visitors, Dental Technicians and Orthopaedic Appliance Technicians. These do not all lead to recognized qualifications but prepare those concerned for appointment to permanent posts on the Establishment after they have passed departmental examinations.

465. A preliminary training period of three months including lectures, discussions, visits of observation and practical work, followed by individual weekly tutorials throughout the ensuing 9 months, is arranged for Almoners who enter the Department with the basic qualification of a University Degree in Social Studies.

466. Table 44 sets out the various categories of training undertaken departmentally during the year.

TABLE 44
DEPARTMENTAL TRAINING 1962

| | <i>Appointment</i> | <i>Resignation</i> | <i>Strength at 31.3.63</i> | <i>Passed</i> |
|--|--------------------|--------------------|---|---------------|
| Student Assistant Physiotherapist | 7 | 1 | 15 | — |
| Student Assistant Radiographer | 11 | 3 | 9(1st year) 6(2nd year) 6(3rd year) | 6 |
| Student Dispenser | 10 | 3 | 26 | 15 |
| Student Laboratory Assistant | 2 | — | 8 | 3 |
| Student Medical Laboratory Technician | 19 | 1 | 46 | 6 |
| Student Nurse | 177 | 20 | 384 | 71 |
| Student Male Nurse | 20 | 1 | 60 | 3 |

| | <i>Appointment</i> | <i>Resignation</i> | <i>Strength at 31.3.63</i> | <i>Passed</i> |
|---|--------------------|--------------------|--------------------------------|---------------|
| Student Nurse (Psychiatry) .. | 10 | 2 | 16 | — |
| Student Male Nurse (Psychiatry) | 16 | 3 | 40 | 2 |
| Student Midwife | 25 | 4 | 45 | 21 |
| Student Midwife (Registered Nurse) | 82 | 1 | 81 | 68 |
| Student Health Visitor .. | 10 | — | 10 | 11 |
| Anti-Tuberculosis Worker .. | 5 | — | 5 | — |
| Almoner | 5 | — | 5 | 2 |

COURSES OF STUDY OVERSEAS

467. The following table sets out the courses of study, outside Hong Kong, attended by officers of the Medical and Health Department during 1962-63 :

| <i>Appointment</i> | <i>Course of Study</i> | <i>Place of Study</i> | <i>Source of Fund</i> |
|--------------------------------------|--|---------------------------|----------------------------|
| 1 Principal Medical & Health Officer | Medical Services Administration | U.K. | Government |
| 1 Senior Medical & Health Officer | Membership, Royal College of Physicians | U.K. | Own expenses |
| 5 Medical & Health Officers | Membership, Royal College of Physicians | U.K. | Government |
| 1 Medical & Health Officer | Membership, Royal Australasian College of Physicians | Australia | Own expenses |
| 8 Medical & Health Officers | Fellowship, Royal College of Surgeons | U.K. | Government |
| 1 Medical & Health Officer | Fellowship, Royal College of Surgeons | U.K. | Govt. & Commonwealth |
| 4 Medical & Health Officers | Membership, Royal College of Obstetricians and Gynaecologists. | U.K. | Government |
| 2 Medical & Health Officers | Diploma in Public Health | Singapore | Govt. & Jaycee Scholarship |
| 1 Medical & Health Officer | Diploma in Public Health | U.K. | Government |
| 3 Medical & Health Officers | Diploma in Medical Radiotherapy | U.K. | Government |
| 3 Medical & Health Officers | Diploma in Medical Radiodiagnosis | U.K. | Government |
| 1 Medical & Health Officer | Fellowship, Faculty of Anaesthetists Royal College of Surgeons | U.K. | Government |

| <i>Appointment</i> | <i>Course of Study</i> | <i>Place of Study</i> | <i>Source of Fund</i> |
|---------------------------------------|---|-----------------------|--------------------------------|
| 2 Medical & Health Officers | Diploma of Bacteriology | U.K. | Government |
| 2 Medical & Health Officers | Medico-legal Training | U.K. | Government |
| 1 Medical & Health Officer | Diploma in Ophthalmology | U.K. | Government |
| 1 Medical & Health Officer | Diploma of Psychological Medicine | U.K. | Government |
| 2 Medical & Health Officers | Tuberculosis Training | U.K. | C.H.A. & Govt. |
| 1 Medical & Health Officer | Dermatology | U.K. | Govt. & Sino-British |
| 1 Medical & Health Officer | Diploma of Anaesthesia | Denmark | W.H.O. |
| 1 Medical & Health Officer | Drug Addiction | U.S.A. | W.H.O. |
| 2 Medical & Health Officers | Diploma in Laryngology and Otology | U.K. | Own expenses |
| 2 Medical & Health Officers | Licentiate, Medical Council of Canada | Canada | Own expenses |
| 1 Assistant Medical & Health Officer | Licentiate, Medical Council of Canada | Canada | Own expenses |
| 3 Medical & Health Officers | Licentiate of Apothecaries Hall | U.K. | Own expenses |
| 2 Assistant Medical & Health Officers | Licentiate of Apothecaries Hall | U.K. | Own expenses |
| 1 Medical & Health Officer | Licentiate Medicine & Surgery of the Society of Apothecaries | U.K. | Own expenses |
| 2 Medical & Health Officers | Licentiate Medicine & Surgery of the Society of Apothecaries | U.K. | International Rescue Committee |
| 7 Assistant Medical & Health Officers | Licentiate Medicine & Surgery of the Society of Apothecaries | U.K. | International Rescue Committee |
| 1 Assistant Medical & Health Officer | Licentiate, Royal College of Physicians, Licentiate Royal College of Surgeons and Licentiate Royal Faculty of Physicians & Surgeons | U.K. | Own expenses |
| 1 Medical & Health Officer | Physical Medicine & Rehabilitation | U.S.A. | American President Lines |
| 4 Medical & Health Officers | Primary Examination of the Royal Australasian College of Surgeons | Singapore | Own expenses |
| 1 Dental Officer | Practical Training in Periodontology | U.K. | Government |

| <i>Appointment</i> | <i>Course of Study</i> | <i>Place of Study</i> | <i>Source of Fund</i> |
|-----------------------------------|--|-----------------------|--|
| 1 Physicist | Radiation Physics | U.K. | Government |
| 1 Senior Nursing Sister | Nursing Administration (Hospital) | U.K. | Government & Her Majesty's Govt. in U.K. |
| 1 Nursing Sister | Sister Tutor Diploma | U.K. | Govt. & C.D. & W. |
| 1 Nursing Sister | Neurosurgical Nursing | U.K. | Own expenses |
| 2 Nursing Sisters | Thoracic & Surgical Nursing | U.K. | Own expenses |
| 2 Nursing Sisters | Training in Plastic Surgery | U.K. | Own expenses |
| 1 Nurse | Ophthalmic Nursing | U.K. | Govt. & B.C.N.M.F. |
| 1 Nurse | Midwifery Training | U.K. | Own expenses |
| 1 Nurse | Diploma in Dietitics | U.K. | Government |
| 1 Nurse | Training in Thoracic & Cardiac Surgery | U.K. | Sino-British |
| 1 Nurse | Premature Babies Course | Australia | Own expenses |
| 1 Nurse | General Surgery | U.S.A. | Own expenses |
| 1 Nurse | Thoracic & Cardiac Surgery | U.K. | Own expenses |
| 1 Nurse | Thoracic & Cardiac Surgery | Australia | Own expenses |
| 1 Nurse | Gynaecological Nursing | Australia | Own expenses |
| 1 Nurse | Neurosurgical Nursing | Canada | Common-wealth |
| 2 Nurses | Operating Theatre Technique & Management | Canada | Own expenses |
| 1 Nurse | Surgical Nursing | Canada | Own expenses |
| 3 Nurses | Course on Ear, Nose & Throat | Australia | Own expenses |
| 3 Nurses | Infectious Diseases Nursing | Australia | Own expenses |
| 1 Male Charge Nurse | Venereal Diseases | U.K. | Government |
| 1 Male Nurse | Theatre Technique | U.K. | Govt. & B.C.N.M.F. |
| 1 Health Sister | Nursing Administration (Public Health) | U.K. | Government & Her Majesty's Govt. in U.K. |
| 1 Health Visitor | Speech Therapy | U.K. | Government |
| 1 Senior Male Charge Nurse (Psy.) | Nursing Administration (Hospital) | U.K. | Government & Her Majesty's Govt. in U.K. |

| <i>Appointment</i> | <i>Course of Study</i> | <i>Place of Study</i> | <i>Source of Fund</i> |
|--|---|-----------------------|--|
| 1 Senior Almoner | Orthopaedic & Medical Social Work | U.K. | Sino-British |
| 2 Almoners Class I | Medical Social Work | U.K. | Government |
| 1 Almoner Class II | Social Work | Canada | Canadian Commonwealth |
| 1 Dispenser | Training in Modern Sterilization Technique | U.K. | Government & Messrs. Allen & Hanburys Ltd. |
| 1 Senior Medical Technologist | Fellowship, Institute of Medical Laboratory Technology | U.K. | Government |
| 10 Medical Laboratory Technicians Gr. II | Associateship, Institute of Medical Laboratory Technology | U.K. | Government |
| 5 Medical Laboratory Technicians Gr. II | Associateship, Institute of Medical Laboratory Technology | U.K. | Own expenses |
| 1 Medical Laboratory Technician Gr. II | Training in Vaccine Production | U.K. | Government |
| 1 Medical Laboratory Technician Gr. II | Training in Forensic Science | U.K. | Government |

VIII. MISCELLANEOUS

ATTENDANCES AT CONFERENCES AND MEETINGS

468. The following table sets out the attendances by officers of the Medical and Health Department at Meetings and Conferences during 1962-63.

| <i>Appointment</i> | <i>Conferences, etc. attended</i> | <i>Place</i> |
|---------------------------------------|--|-------------------------|
| Director of Medical & Health Services | (i) W.H.O. Cholera Conference | Manila |
| | (ii) 13th Session of the W.H.O. Regional Committee Meeting | Manila |
| | (iii) Meeting of the Directing Council of the Pakistan/SEATO Cholera Research Laboratories | Dacca |
| Senior Specialist (Radiology) | 2nd International Congress of Radiation Research | Harrogate, England |
| Dental Officer | Annual Conference, British Dental Association | Nottingham |
| Chief Medical Technologist | Jubilee Conference of the Institute of Medical Laboratory Technology | University of Edinburgh |

| <i>Appointment</i> | <i>Conferences, etc. attended</i> | <i>Place</i> |
|------------------------------------|--|--------------|
| Chemist | *F.A.O. Regional Food Legislation Seminar | Bangkok |
| Specialist (Malariology) | *4th Asian Malaria Conference | Manila |
| Specialist (Medical) | 4th World Congress in Cardiology | Mexico City |
| Specialist (Neuro-Surgery) | 1st Asian and Oceanian Congress of Neurology | Tokyo |
| Principal Medical & Health Officer | *W.H.O. Seminar on Japanese B Encephalitis and Other Arthropod-Borne Virus Infections | Tokyo |
| Medical & Health Officer | 1st Asian and Australasian Congress of Anaesthesiology | Manila |
| Orthopaedic Appliance | 5th International Prosthetics Course and the 2nd Pan-Pacific Conference on Rehabilitation | Manila |
| Senior Almoner | Pan-Pacific Seminar on Vocational Rehabilitation of the Disabled, the Pan-Pacific Workshop on Social Work and the 2nd Pan-Pacific Conference on Rehabilitation | Manila |
| Senior Specialist (Psychiatry) | *W.H.O. Conference on Techniques of Epidemiological Surveys of Mental Disorders | Manila |
| Senior Specialist (Dental) | 13th International Dental Congress and 50th Annual Session of International Dental Federation | Cologne |
| Senior Medical & Health Officer | *W.H.O. Seminar on Food Sanitation | Manila |

* Funds provided by the sponsoring organization.

VISITORS

469. The following distinguished medical men and women visited Hong Kong during 1962-63 :

General

- (i) At the invitation of the Hong Kong Government, Professor F. R. G. HEAF, C.M.G., Secretary of State's Adviser on Tuberculosis, arrived on 4.4.62 for a two week's stay to advise on the tuberculosis problems in Hong Kong.
- (ii) Dr. M. TAMARUA, Assistant Medical Officer of the Department of Health, Cook Islands, arrived on 11.6.62 for a two week's visit.

- (iii) Miss Violet V. B. BIGNOLD, Administrative Sister of the Division of Infant Child and Maternal Health, Department of Health, Territory of Papua and New Guinea, from 25.6.62 to 13.7.62.
- (iv) Dr. John C. HARGRAVE, Medical Officer of the Department of Health of the Northern Territory, Australia, arrived on 30.7.62 for a week's visit.
- (v) Dr. YEH Eng-kung of Taiwan arrived on 1.8.62 for a week's visit.
- (vi) Mr. CAO Dinh Due of the Ministry of Public Health, Viet Nam, from 8.9.62 to 21.9.62.
- (vii) Drs. CAGAMPAN and SOLDEVILLA from the Philippines arrived on 17.9.62 for a week's visit.
- (viii) Mr. W. M. OLIVER of the Department of Periodontology, University of Liverpool, from 17.9.62 to 29.9.62.
- (ix) Dr. Roland CELLONA of the Bureau of Disease Control, Department of Health of the Philippines, from 17.9.62 to 21.9.62.
- (x) Dr. J. M. LISTON, C.M.G., Chief Medical Officer, Department of Technical Co-operation, from 28.9.62 to 8.10.62.
- (xi) Dr. M. YOSHIMI, Technical Officer on Dental Health and Assistant Chief of the Medical Affairs Section, Medical Affairs Bureau, Ministry of Health and Welfare of Japan, from 16.10.62 to 21.10.62.
- (xii) Professor Sir Dugald BAIRD, Professor of Gynaecology and Midwifery of the University of Aberdeen, arrived on 15.10.62 for a ten day's visit.
- (xiii) Dr. Michael FLYNN, Chief Medical Officer of the Metropolitan Water, Sewerage and Drainage Board in Sydney, from 17.10.62 to 19.10.62.
- (xiv) Dr. C. S. LEE, Director of the Korean National Institute of Health from 25.10.62 to 27.10.62.
- (xv) A team of four experts, headed by Dr. D'Arcy HART, C.B.E., Director of the Tuberculosis Research Unit of the Medical Research Council in Britain, the other members being Drs. Wallace FOX, I. SUTHERLAND and D. A. MITCHISON, arrived from England on 19.11.62 to examine, on behalf of the Government, the possibility of setting up an independent tuberculosis research group in Hong Kong.

- (xvi) Dr. F. A. WARD of the Natal Blood Transfusion Service arrived on 28.11.62 for a short visit.
- (xvii) Dr. Jamil ANOUTI, Director General of the Lebanese Ministry of Public Health, from 29.11.62 to 3.12.62 and from 7.12.62 to 12.12.62.
- (xviii) Dr. W. NEARY, Superintendent of the Sarawak Mental Hospital, Kuching, from 18.12.62 to 20.12.62 and from 1.1.63 to 4.1.63.
- (xix) Dr. TIO Swan Kiat, Principal Dental Officer of the Municipal Health Services, Surabaya, Indonesia, from 10.1.63 to 12.1.63.
- (xx) Miss YUN Soon-choi, staff nurse of the Severance Hospital, Seoul, Korea, arrived on 15.2.63 for a week's stay.
- (xxi) Dr. WONG Hin-sun, Assistant Director of Medical Services (Tuberculosis) of the Singapore Ministry of Health, from 18.3.63 to 22.3.63.
- (xxii) Drs. K. C. DAS and B. S. VENKATASHAMANNA of India, from 20.3.63 to 23.3.63.

World Health Organization & U.N.I.C.E.F. Visitors

- (i) Dr. D. R. THOMSON, W.H.O. Deputy Medical Adviser to U.N.I.C.E.F. Headquarters in New York, visited the Medical & Health Department on 17.7.62 to investigate the possibility of W.H.O./U.N.I.C.E.F. assistance.
- (ii) Dr. H. A. P. C. COMEN, Professor of Medical Nutrition of the Royal Tropical Institute and University, Amsterdam, W.H.O. Consultant, arrived on 22.8.62 for a two day's visit.
- (iii) Dr. F. Bruce RICE, Chief Dental Health Officer of W.H.O. Headquarters in Geneva, from 6.10.62 to 10.10.62.
- (iv) Miss Zella BRYANT, W.H.O. Consultant in Public Health Nursing, from 8.11.62 to 11.11.62.
- (v) Dr. A. C. SAENZ, Medical Officer in Virus Diseases of the Division of Communicable Diseases, W.H.O. Headquarters, Geneva, arrived on 24.11.62 for a two day's visit.
- (vi) Miss Doris T. MCPHERSON, Medical Records Librarian of the Princess Margaret Hospital, Toronto, Canada, arrived on 30.1.63 for a week's stay under the auspices of the W.H.O. to advise on the hospital records system for the Queen Elizabeth Hospital.

- (vii) Dr. Alan H. PENINGTON, W.H.O. Area Representative, Taipei, arrived on 18.2.63 for a four day's visit and discussed with this department the programme and budget of the W.H.O. for 1965.
- (viii) Dr. P. J. J. van de CALSEYDE, Director of the W.H.O. Regional Office for Europe and Dr. A. H. TABA, Director of the W.H.O. Regional Office for the Mediterranean, arrived on 18.3.63 for a short visit.

PUBLICATIONS

470. The following articles were published by members of the department.

| <i>Title of Article</i> | <i>Publication</i> | <i>Name and Title of Author</i> |
|---|---|--|
| 1. Concurrent B.C.G. and Smallpox Vaccination in Newborn Babies. | Tubercle, London, 1962. | Dr. A. S. MOODIE, Senior Specialist (Tuberculosis). and Dr. G. K. K. CHENG, Specialist (Tuberculosis). |
| 2. Nosology of the 'Exotic Psychoses'. | Acta Psychiatrica Scandinavica, 1962. | Dr. P. M. YAP, Senior Specialist (Psychiatry). |
| 3. Orthopaedic Prosthetic appliance in Hansen's Disease. | Journal of Rehabilitation in Asia. | Mr. J. A. E. GLEAVE, Orthopaedic Appliance Technician. |
| 4. A Programme for the Establishment and Training of Orthopaedic Prosthetic Appliance Technicians in Hong Kong. | Journal of Prosthetic Braces and Technical Aids. | Mr. J. A. E. GLEAVE, Orthopaedic Appliance Technician. |
| 5. Porto-systemic Encephalopathy following Porto-caval Anastomosis. | British Journal of Clinical Practice. | Dr. K. SINGER, Specialist (Psychiatry). |
| 6. Hepatic Encephalopathy as a Psychiatric Problem. | American Journal of Psychiatry. | Dr. K. SINGER, Specialist (Psychiatry). |
| 7. Gilles de la Tourette's Disease. | American Journal of Psychiatry. | Dr. K. SINGER, Specialist (Psychiatry). |
| 8. Cholera in Hong Kong, 1961. | Transactions of the Royal Society of Tropical Medicine and Hygiene. | Dr. G. E. YEOH, Principal Medical & Health Officer in-charge, Sai Ying Pun Hospital, and Dr. T. M. TEOH, Principal Medical & Health Officer. |

OBITUARY

471. It is with deep regret that the death is recorded, on 16th February, 1963, of Dr. Leon FRIEDMAN, M.D., F.R.C.S., Orthopaedic

Specialist, while on local leave in Macao. Dr. FRIEDMAN, who was 49 years of age, was appointed in June 1962 and arrived in Hong Kong on 16th July, 1962; though he was only in the Colony for a short time before his death his able and efficient work in Orthopaedic Surgery at Kowloon Hospital was highly esteemed by his patients and his colleagues.

ACKNOWLEDGMENT

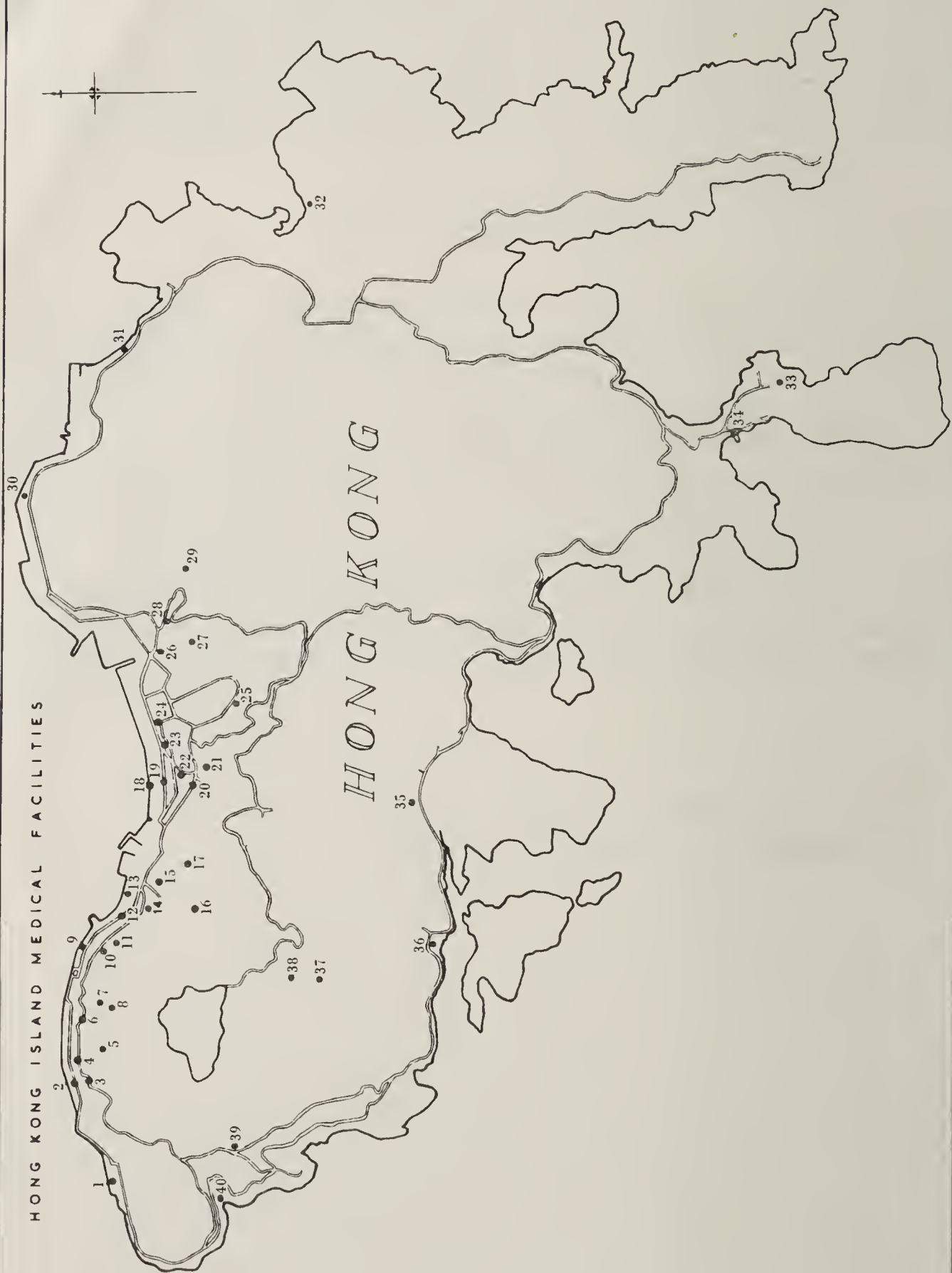
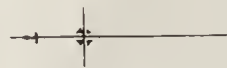
472. It is a privilege and a pleasure to again put on record a tribute and a grateful acknowledgment to the staff of the Medical and Health Department for what they have accomplished. The pressures have been heavy and the challenges many. With cheerful devotion and pride in their work, they have been greatly helped and supported by other Departments of Government and by the many Voluntary and Welfare Agencies whose dedicated work is a feature of life in Hong Kong.

473. Superlatives are commonplace in Hong Kong and this in itself is a tribute to the constructive energy, industry and intelligence of its citizens. They go from strength to strength by their own unaided efforts and are not dismayed by adversity. In fact, as a community, they thrive on it.

D. J. M. MACKENZIE,
Director of Medical and Health Services.

HONG KONG ISLAND MEDICAL FACILITIES

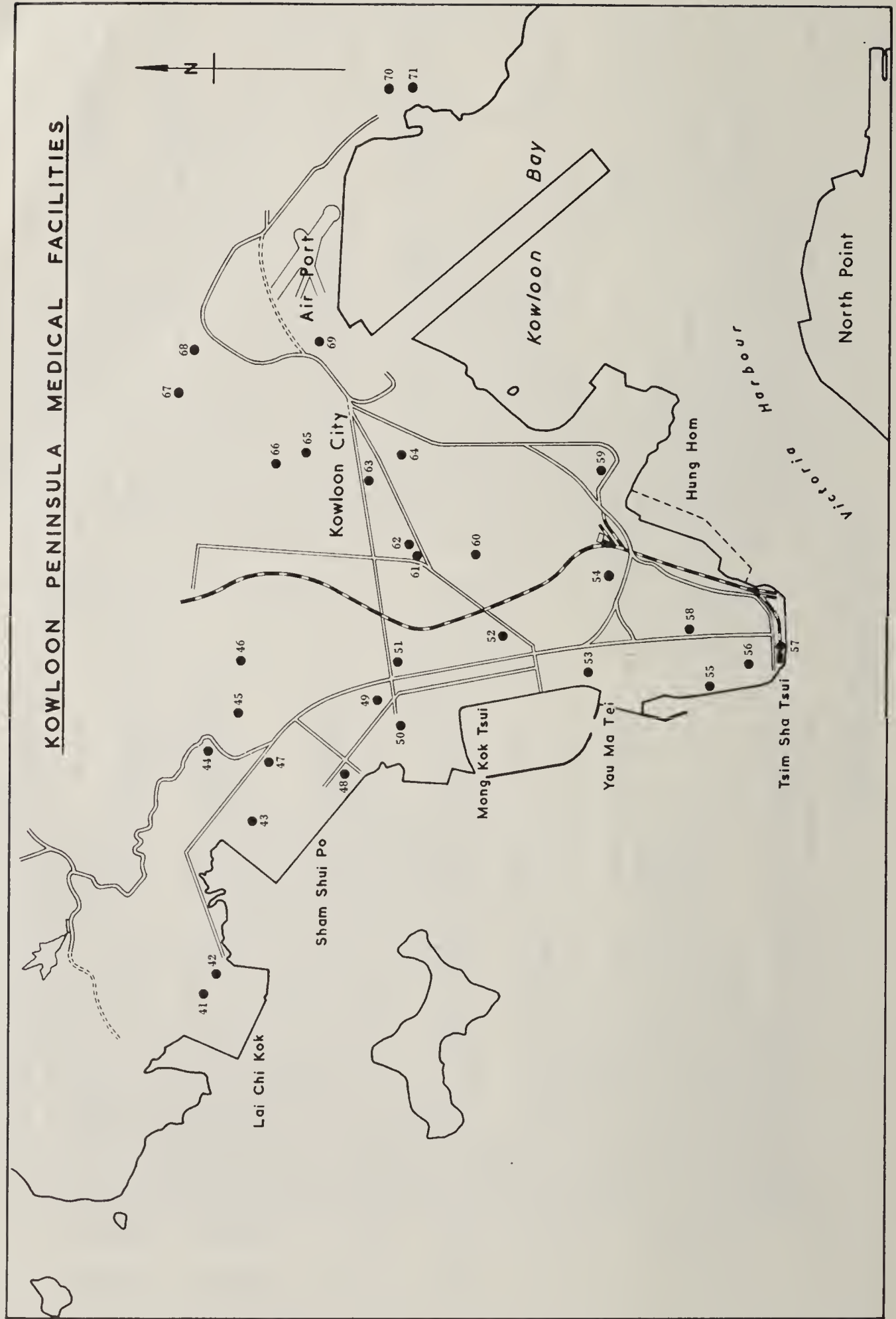
HONG KONG



HONG KONG ISLAND

1. Kennedy Town Jockey Club Clinic (a maternity home with general outpatient facilities and a maternal and child health centre).
2. Li Sing Primary School Clinic.
3. Ling Yuet Sin Infants' Home.
4. Tsan Yuk Hospital (a maternity hospital).
5. H.K. Psychiatric Clinic & Day Hospital.
6. Sai Ying Pun Hospital (infectious diseases) and Sai Ying Pun Jockey Club Clinic (general outpatient with special clinics).
7. Tung Wah Hospital (a general hospital, with outpatient department and special clinics).
8. Alice Ho Miu Ling Nethersole Hospital (a general hospital).
9. Port Health Inoculation Centre, Marine Building.
10. Central District Health Centre (general outpatient facilities, maternal and child health centre and special clinics).
11. Police Medical Post (general outpatient and dental facilities for police officers and their families).
12. Victoria Remand Prison Clinic (general outpatient facilities for prison officers and their families, and general outpatient facilities for detainees).
13. Port Health Inoculation Centre, Fung House.
14. Hong Kong Central Hospital (a general hospital).
15. Hong Kong Families Clinic (general outpatient facilities for English-speaking Government servants and their families).
16. Canossa Hospital (a general hospital).
17. Military Hospital, Bowen Road (a general hospital).
18. Medical Examination Board.
19. Violet Peel Polyclinic (general outpatient facilities with special clinics and an ophthalmic centre).
20. Eastern Dispensary and Maternity Hospital (a maternity home with general outpatient facilities).
21. Wan Chai Clinic (a dental centre, tuberculosis clinic, and physiotherapy department).
22. Ruttonjee Sanatorium (a tuberculosis hospital).
23. Wan Chai Hospital (a hospital for venereal and dermatological treatment).
24. Harcourt Health Centre (a school health, maternal and child health centre and a male social hygiene clinic).
25. Hong Kong Sanatorium & Hospital (a general hospital).
26. St. Paul's Hospital (a general hospital).
27. Tung Wah Eastern Hospital (a general hospital with outpatient department).
28. St. John Ambulance Brigade Centre.
29. Mount Butler Quarry Clinic.
30. Anne Black Health Centre (a maternity home with general outpatient facilities, a maternal & child health centre, a dental clinic and a X-ray survey centre).
31. Shau Kei Wan Public Dispensary (general outpatient facilities with special clinics).
32. Chai Wan Clinic and Maternal & Child Health Centre.
33. Stanley Prison Hospital.
34. Stanley Dispensary & Maternity Home (general outpatient facilities and maternity home).
35. Grantham Hospital (a tuberculosis hospital).
36. Aberdeen Jockey Club Clinic (a maternity home with general outpatient facilities and special clinics).
37. Matilda Hospital (a general hospital).
38. Military Hospital, Mount Kellet (a general hospital).
39. Queen Mary Hospital (an acute general hospital with casualty department).
40. Sandy Bay Convalescent Home (an orthopaedic hospital for children).

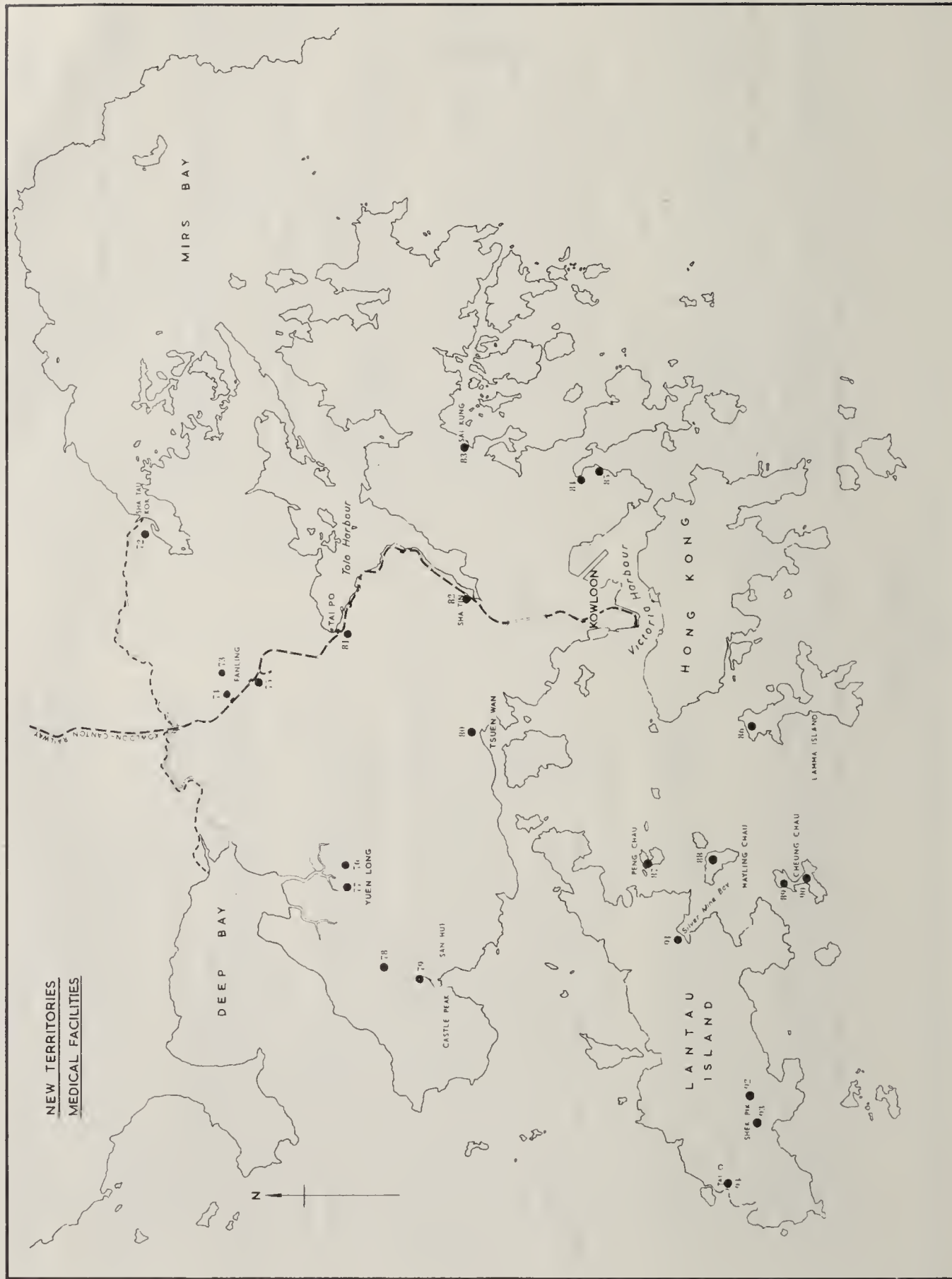
KOWLOON PENINSULA MEDICAL FACILITIES



KOWLOON

41. Lai Chi Kok Hospital (an infectious diseases and convalescent hospital, with an Isolation Unit for the segregation of suspected cases of the quarantinable disease).
 42. Lai Chi Kok Female Prison Hospital.
 43. Cheung Sha Wan Police Quarters Clinic (general outpatient and dental facilities for police officers and their families).
 44. Li Cheng Uk Clinic (general outpatient facilities).
 45. Shek Kip Mei Health Centre (general outpatient facilities with special clinics, a chest clinic and a maternal & child health centre).
 46. Tai Hang Tung Clinic (general outpatient facilities).
 47. Precious Blood Hospital (a general hospital).
 48. Sham Shui Po Public Dispensary (general outpatient facilities with special clinics).
 49. Mong Kok Clinic (general outpatient facilities).
 50. Government Ophthalmic Clinic—Arran Street (an ophthalmic centre).
 51. Queen Elizabeth School Clinic.
 52. Kwong Wah Hospital (a general hospital and infirmary with outpatient department).
 53. Yau Ma Tei Public Dispensary (general outpatient facilities).
 54. Queen Elizabeth Hospital Specialist Clinic.
 55. Kowloon Police Medical Post (general outpatient and dental facilities for police officers and their families).
 56. Ashley Road Social Hygiene Clinic (a male treatment centre for venereal disease).
-
57. Kowloon-Canton Railway Staff Clinic (general outpatient and dental facilities for Railway staff and their families).
 58. Tsim Sha Tsui Health Centre (a school health, maternal & child health centre, including a female social hygiene clinic and port health inoculation centre).
 59. Hung Hom Clinic & Maternity Home (general outpatient facilities with special clinics and maternity home).
 60. Ho Man Tin Maternal & Child Health Centre.
 61. Kowloon Chest Clinic (a tuberculosis clinic).
 62. Kowloon Hospital and Outpatient Department (an acute general hospital with casualty department and outpatient department with special and dental clinics).
 63. St. Teresa's Hospital (a general hospital).
 64. Kowloon Families Clinic (general outpatient facilities for English-speaking Government officers and their families).
 65. Li Kee Memorial Dispensary (general outpatient facilities with special clinics and a dental clinic).
 66. Wang Tau Hom Jockey Club Clinic (a maternity home with general outpatient facilities and a maternal & child health centre).
 67. Maryknoll Mission Hospital (a general hospital).
 68. Wong Tai Sin Clinic (general outpatient facilities).
 69. Air Port Health Station.
 70. Kwun Tong Maternal & Child Health Centre.
 71. Kwun Tong Rehabilitation Centre.

HONG KONG AND THE NEW TERRITORIES



NEW TERRITORIES

72. Sha Tau Kok Clinic (general outpatient facilities with maternity beds).
73. Fanling Hospital (a general hospital).
74. Shek Wu Hui Jockey Club Clinic (general outpatient facilities with maternity beds).
75. Ho Tung Dispensary (a maternity home with convalescent beds).
76. Yuen Long Dispensary (general outpatient facilities with special clinics).
77. Pok Oi Hospital (a general hospital).
78. Castle Peak Hospital (a mental hospital. 120 beds are being used temporarily for drug addicts).
79. San Hui Dispensary (a maternity home, with special clinics).
80. Maurine Grantham Health Centre (general outpatient facilities with special clinics and a maternal & child health centre).
81. Tai Po Jockey Club Clinic (general outpatient facilities, special clinics including a dental clinic and maternity beds).
82. Sha Tin Maternity Home.
83. Sai Kung Dispensary (general outpatient facilities, special clinics and maternity beds).
84. Haven of Hope Tuberculosis Sanatorium.
85. Nansen Tuberculosis Rehabilitation Centre.
86. North Lamma Clinic (general outpatient facilities with maternity beds).
87. Peng Chau Clinic (general outpatient facilities, special clinics and maternity beds).
88. Hei Ling Chau Leprosarium.
89. Children's Convalescent Home, Cheung Chau.
90. St. John Hospital (a general hospital and outpatient department with special clinics).
91. Silver Mine Bay Dispensary (general outpatient facilities with maternity beds).
92. South Lantau Hospital (a general hospital with general outpatient facilities).
93. Shek Pik First Aid Post.
94. Tai O Dispensary (general outpatient facilities, with special clinics and maternity beds).

APPENDIX 1

ESTABLISHMENT OF THE MEDICAL & HEALTH DEPARTMENT AS AT 31.3.63

| | | | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Director of Medical & Health Services | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| Deputy Director of Medical & Health Services | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| Assistant Director of Medical & Health Services | ... | ... | ... | ... | ... | ... | ... | ... | ... | 4 |
| Senior Specialist | ... | ... | ... | ... | ... | ... | ... | ... | ... | 8 |
| Specialist | ... | ... | ... | ... | ... | ... | ... | ... | ... | 34 |
| Secretary | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| Deputy Secretary | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| Senior Treasury Accountant | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| Principal Medical & Health Officer | ... | ... | ... | ... | ... | ... | ... | ... | ... | 10 |
| Senior Medical & Health Officer | ... | ... | ... | ... | ... | ... | ... | ... | ... | 46 |
| Medical & Health Officer and Assistant Medical & Health Officer | ... | ... | ... | ... | ... | ... | ... | ... | ... | 365 |
| Senior Dental Officer, Dental Officer and Assistant Dental Officer | ... | ... | ... | ... | ... | ... | ... | ... | ... | 47 |
| Principal Matron | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| Nursing Staff | ... | ... | ... | ... | ... | ... | ... | ... | ... | 2,038 |
| Dietitian | ... | ... | ... | ... | ... | ... | ... | ... | ... | 7 |
| Principal Almoner | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| Senior Almoner and Almoner | ... | ... | ... | ... | ... | ... | ... | ... | ... | 64 |
| Chief Pharmacist | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| Senior Pharmacist, Pharmacist, Dispenser and Dispensary Supervisor | ... | ... | ... | ... | ... | ... | ... | ... | ... | 147 |
| Government Chemist | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| Chemist, Assistant Chemist and Assistant Biochemist | ... | ... | ... | ... | ... | ... | ... | ... | ... | 9 |
| Scientific Officer (Medical) | ... | ... | ... | ... | ... | ... | ... | ... | ... | 2 |
| Senior Physicist and Physicist | ... | ... | ... | ... | ... | ... | ... | ... | ... | 7 |
| Chief Hospital Secretary, Senior Hospital Secretary, Hospital Secretary and Assistant Hospital Secretary | ... | ... | ... | ... | ... | ... | ... | ... | ... | 13 |
| Executive Grade Officer | ... | ... | ... | ... | ... | ... | ... | ... | ... | 8 |
| Clerical Staff | ... | ... | ... | ... | ... | ... | ... | ... | ... | 410 |
| Superintendent Radiographer, Senior Radiographer, Radiographer and Assistant Radiographer | ... | ... | ... | ... | ... | ... | ... | ... | ... | 109 |
| Superintendent Physiotherapist, Tutor Physiotherapist, Physiotherapist and Assistant Physiotherapist | ... | ... | ... | ... | ... | ... | ... | ... | ... | 54 |
| Superintendent Occupational Therapist and Occupational Therapist | ... | ... | ... | ... | ... | ... | ... | ... | ... | 9 |
| Chief Medical Technologist, Senior Medical Technologist, Medical Technologist and Medical Laboratory Technician | ... | ... | ... | ... | ... | ... | ... | ... | ... | 114 |
| Senior Laboratory Assistant and Laboratory Assistant | ... | ... | ... | ... | ... | ... | ... | ... | ... | 14 |
| Health Inspector and Malaria Inspector | ... | ... | ... | ... | ... | ... | ... | ... | ... | 29 |
| Senior Inoculator and Inoculator | ... | ... | ... | ... | ... | ... | ... | ... | ... | 84 |
| Orthopaedic Appliance Technician and Assistant Orthopaedic Appliance Technician | ... | ... | ... | ... | ... | ... | ... | ... | ... | 7 |
| Other Staff | ... | ... | ... | ... | ... | ... | ... | ... | ... | 4,362 |
| Total | | | | | | | | | | 8,010 |

APPENDIX 2

THE DIVISIONS OF THE MEDICAL AND HEALTH DEPARTMENT

Medical Services

Hospitals, general clinics and outpatient departments
—excluding New Territories.

Clinical Specialist Services.

Pharmaceutical Service.

Radiological Service.

Almoner Service.

Physiotherapy Service.

Occupational Therapy Service.

Medical Examination Board.

Health Services

New Territories—Curative and preventive.

Government Institute of Pathology.

Maternal and Child Health Service.

District Midwifery Service.

School Health Service.

Dental Service.

Tuberculosis Service.

Social Hygiene Service.

Port Health Service—including epidemiology.

Malaria Control Service.

Government Chemist's Laboratory.

Forensic Pathology.

Industrial Health.

Health Education.

International Health Liaison.

APPENDIX 3

STATEMENT OF EXPENDITURE FROM 1958-59 TO 1962-63

| Particulars | 1958-59 | 1959-60 | 1960-61 | 1961-62 | 1962-63 |
|---|-------------|-------------|-------------|-------------|---------------|
| | \$ | \$ | \$ | \$ | \$ |
| (a) Medical and Health Department | 39,792,228 | 45,925,081 | 56,573,091 | 64,064,336 | 68,541,015 |
| (b) Medical Subventions | 14,178,093 | 18,988,424 | 21,910,889 | 25,009,269 | 26,386,405 |
| (c) Capital expenditure on medical project under Public Works Non-Recurent | 5,755,291 | 15,442,311 | 12,369,272 | 9,836,801 | 28,262,729 |
| Total | 59,725,612 | 80,355,816 | 90,853,252 | 98,910,406 | 123,190,149 |
| Total expenditure of the Colony | 589,958,367 | 709,953,996 | 845,297,629 | 953,205,237 | 1,113,276,099 |
| Percentage of Medical and Health Department Expenditure to the Total Expenditure of the Colony | 10.12% | 11.31% | 10.75% | 10.38% | 11.07% |

APPENDIX 4

ANALYSIS OF MORTALITY FOR THE YEARS 1958-62
(Given as Percentage Total Deaths)

| Disease Group | | Detailed List Numbers | 1958 | 1959 | 1960 | 1961 | 1962 |
|---------------|---|--------------------------|------|------|------|------|------|
| 1. | Infectious and Parasitic | 001-138 | 14.6 | 14.2 | 14.4 | 15.3 | 13.5 |
| 2. | Neoplastic | 140-239 | 8.9 | 9.3 | 10.5 | 12.3 | 12.4 |
| 3. | Allergic, Endocrine, Metabolic and Blood... | 240-299 | 1.1 | 1.1 | 1.1 | 1.1 | 1.2 |
| 4. | Nervous System and Sense Organs ... | 300-398 | 5.3 | 6.2 | 7.2 | 8.3 | 8.4 |
| 5. | Circulatory System | 400-468 | 8.3 | 8.9 | 9.7 | 10.7 | 11.0 |
| 6. | Respiratory | 470-527 | 24.2 | 22.3 | 19.3 | 14.8 | 13.9 |
| 7. | Intestinal | 530-587 | 11.1 | 11.3 | 9.3 | 7.7 | 6.8 |
| 8. | Genito - Urinary | 590-637 | 1.9 | 2.1 | 2.1 | 2.0 | 2.1 |
| 9. | Pregnancy, Child - birth and Puerperium ... | 640-689 | 0.5 | 0.4 | 0.3 | 0.3 | 0.3 |
| 10. | Skin and Musculo - Skeletal... .. | 690-749 | 0.5 | 0.4 | 0.3 | 0.2 | 0.2 |
| 11. | Congenital Malformation and Diseases of Early Infancy | 750-776 | 10.8 | 9.3 | 10.7 | 11.1 | 11.4 |
| 12. | Ill-defined Causes | 780-795 | 8.0 | 8.7 | 9.5 | 10.4 | 11.4 |
| 13. | Accidents, Poisoning and Violence... | E800-E999 | 4.8 | 5.8 | 5.7 | 5.9 | 7.6 |

APPENDIX 5

VOLUNTARY AGENCIES

British Red Cross Society

C.A.R.E. (Co-operative American Remittances to Everywhere, Inc.)

Caritas

Cheshire Homes

Church World Service

Family Planning Association of Hong Kong

Family Welfare Society

Hong Kong Anti-Tuberculosis Association

Junk Bay Medical Relief Council

Kaifong Associations

London Missionary Society

Lutheran World Service

Maryknoll Mission

Mission to Lepers, Hong Kong Auxiliary

Oxford Committee for Famine Relief

Po Leung Kuk

Pok Oi Hospital

Salvation Army

St. John Ambulance Association and Brigade

Society for the Aid and Rehabilitation of Drug Addicts

Society for the Protection of Children

Society for the Relief of Disabled Children

The Boys and Girls Clubs Association

The Hong Kong Society for Rehabilitation

Tung Wah Hospitals

United Nations International Children's Emergency Fund

APPENDIX 6

ANTI-EPIDEMIC PROPHYLACTIC IMMUNIZATIONS 1958-1962

| Immunological Procedure | | 1958 | | 1959 | 1960 | 1961 | 1962 |
|---|-----|------|-----|------|---------|-----------|-----------|
| Anti-Smallpox Vaccination | ... | ... | ... | ... | 573,848 | 969,577 | 744,599 |
| Anti-Cholera Inoculation | ... | ... | ... | ... | 30,634 | 1,968,214 | 2,976,274 |
| Anti-Diphtheria Inoculations: | | | | | | | |
| 1st Dose | ... | ... | ... | ... | 202,883 | 296,071 | 323,521 |
| 2nd Dose | ... | ... | ... | ... | 174,406 | 207,143 | 312,374 |
| Booster Dose | ... | ... | ... | ... | 71,219 | 115,566 | 129,279 |
| Anti-Typhoid Inoculations : | | | | | | | |
| 1st Dose | ... | ... | ... | ... | 97,902 | 43,080 | 21,440 |
| 2nd Dose | ... | ... | ... | ... | 78,103 | 30,013 | 11,734 |
| Booster Dose | ... | ... | ... | ... | 38,374 | 38,624 | 30,141 |
| Anti-Plague Inoculation | ... | ... | ... | ... | 220 | 224 | 249 |
| Anti-Typhus Inoculation | ... | ... | ... | ... | 1,409 | 981 | 275 |
| Anti-Rabies : | | | | | | | |
| 1st Dose | ... | ... | ... | ... | 3,717 | 3,786 | 3,784 |
| Other Doses | ... | ... | ... | ... | 12,846 | 14,342 | 15,010 |
| Anti-Tuberculosis (B.C.G.) Vaccinations : | | | | | | | |
| Infants | ... | ... | ... | ... | 79,169 | 86,234 | 91,304 |
| Others... | ... | ... | ... | ... | 11,054 | 7,756 | 26,939 |

APPENDIX 7

ANNUAL INCIDENCE AND TREND OF VENEREAL DISEASE

| Year | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 |
|----------------------------|------|------|------|------|------|------|------|------|------|------|------|
| Total New Patients ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Total Attendances ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| (Total (Except Congenital) | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Primary ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Secondary ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Early Latent ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Late Latent ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| All Others ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Congenital { | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Under 1 year | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Over 1 year | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Gonorrhoea ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Non Gonococcal Urethritis | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Chancroid ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Lymphogranuloma Venereum | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Non Venereal Disease | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Skin Disease | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |

APPENDIX 8

CLASSIFICATION OF DERMATOLOGICAL CASES FOR 1960, 1961 & 1962

| Diagnosis | | | | | No. of cases 1960 | % | No. of cases 1961 | % | No. of cases 1962 | % |
|-----------|----------------------------|-----|-----|-----|----------------------|-------|----------------------|-------|----------------------|-------|
| 1. | Abrasions | ... | ... | ... | 87 | 0.71 | 54 | 0.94 | 90 | 1.33 |
| 2. | Acne | ... | ... | ... | 81 | 0.66 | 48 | 0.83 | 52 | 0.77 |
| 3. | Alopecia Areata | ... | ... | ... | 59 | 0.48 | 32 | 0.55 | 55 | 0.81 |
| 4. | Boils, Folliculitis... | ... | ... | ... | 1,849 | 15.04 | 575 | 9.96 | 566 | 8.37 |
| 5. | Carcinoma | ... | ... | ... | 9 | 0.07 | 3 | 0.05 | 3 | 0.04 |
| 6. | Contact Dermatitis | ... | ... | ... | 2,244 | 18.26 | 1,351 | 23.41 | 1,019 | 15.06 |
| 7. | Clog Dermatitis | ... | ... | ... | 25 | 0.20 | 24 | 0.42 | 26 | 0.38 |
| 8. | Eczema—Atopic... | ... | ... | ... | 72 | 0.59 | 33 | 0.57 | 99 | 1.46 |
| 9. | Eczema—Infantile | ... | ... | ... | 548 | 4.46 | 281 | 4.87 | 315 | 4.66 |
| 10. | Eczema—Infective | ... | ... | ... | 122 | 0.99 | 238 | 4.12 | 361 | 5.34 |
| 11. | Eczema—Scrotum | ... | ... | ... | 92 | 0.75 | 6 | 0.10 | 15 | 0.22 |
| 12. | Eczema—Miscellaneous... | ... | ... | ... | 1,691 | 13.76 | 1,242 | 21.52 | 1,931 | 28.55 |
| 13. | Exfoliative Dermatitis | ... | ... | ... | 11 | 0.09 | 8 | 0.13 | 3 | 0.04 |
| 14. | Erythema Multiforme | ... | ... | ... | 17 | 0.14 | 11 | 0.19 | 11 | 0.16 |
| 15. | Erythema Nodosum | ... | ... | ... | 16 | 0.13 | 11 | 0.19 | 6 | 0.09 |
| 16. | Herpes Zoster | ... | ... | ... | 18 | 0.15 | 14 | 0.24 | 24 | 0.36 |
| 17. | Ichthyosis, Xerosis | ... | ... | ... | 12 | 0.10 | 13 | 0.22 | 19 | 0.28 |
| 18. | Impetigo | ... | ... | ... | 554 | 4.51 | 256 | 4.43 | 292 | 4.32 |
| 19. | Leprosy | ... | ... | ... | 124 | 1.01 | 92 | 1.59 | 97 | 1.44 |
| 20. | Lichen Planus | ... | ... | ... | 4 | 0.03 | 5 | 0.08 | 1 | 0.01 |
| 21. | Lupus Erythematosus | ... | ... | ... | 38 | 0.31 | 26 | 0.45 | 24 | 0.36 |
| 22. | Moniliasis | ... | ... | ... | 11 | 0.09 | — | — | 2 | 0.03 |
| 23. | Neurodermatitis | ... | ... | ... | 541 | 4.40 | 226 | 3.92 | 301 | 4.45 |
| 24. | Porphyria | ... | ... | ... | — | — | — | — | — | — |
| 25. | Paronychia, Whitlow | ... | ... | ... | 26 | 0.21 | 20 | 0.35 | 28 | 0.42 |
| 26. | Pediculosis | ... | ... | ... | 34 | 0.28 | — | — | 3 | 0.04 |
| 27. | Pompholyx | ... | ... | ... | 66 | 0.54 | 62 | 1.07 | 28 | 0.42 |
| 28. | Prickly Heat | ... | ... | ... | 141 | 1.15 | 52 | 0.90 | 51 | 0.75 |
| 29. | Pruritis | ... | ... | ... | 265 | 2.16 | 57 | 0.99 | 79 | 1.17 |
| 30. | Psoriasis | ... | ... | ... | 97 | 0.79 | 47 | 0.83 | 100 | 1.47 |
| 31. | Purpura | ... | ... | ... | 3 | 0.02 | — | — | — | — |
| 32. | Ringworm of Scalp | ... | ... | ... | 22 | 0.18 | 6 | 0.10 | 10 | 0.15 |
| 33. | Ringworm of Body | ... | ... | ... | 184 | 1.50 | 124 | 2.15 | 202 | 2.99 |
| 34. | Ringworm of Groins | ... | ... | ... | 85 | 0.69 | 21 | 0.36 | 41 | 0.61 |
| 35. | Ringworm of Feet and Hands | ... | ... | ... | 242 | 1.97 | 112 | 1.94 | 143 | 2.12 |
| 36. | Rosacea | ... | ... | ... | 10 | 0.08 | 4 | 0.07 | 5 | 0.07 |
| 37. | Scabies | ... | ... | ... | 66 | 0.54 | 3 | 0.05 | 2 | 0.03 |
| 38. | Scleroderma | ... | ... | ... | — | — | 2 | 0.03 | 1 | 0.01 |
| 39. | Tuberculosis of Skin | ... | ... | ... | 34 | 0.28 | 14 | 0.24 | 11 | 0.16 |
| 40. | Undetermined | ... | ... | ... | 1,949 | 15.86 | 303 | 5.25 | 207 | 3.06 |
| 41. | Urticaria | ... | ... | ... | 202 | 1.64 | 93 | 1.61 | 130 | 1.93 |
| 42. | Varicose Derm./Ulcer | ... | ... | ... | 129 | 1.05 | 37 | 0.64 | 51 | 0.75 |
| 43. | Warts | ... | ... | ... | 263 | 2.14 | 98 | 1.71 | 134 | 1.98 |
| 44. | Seborrheic Dermatitis | ... | ... | ... | 78 | 0.63 | 41 | 0.73 | 85 | 1.26 |
| 45. | Leucoderma | ... | ... | ... | 169 | 1.38 | 127 | 2.20 | 141 | 2.08 |

APPENDIX 9

IN-PATIENTS TREATED IN GOVERNMENT AND GOVERNMENT-ASSISTED HOSPITALS, 1962 CLASSIFIED ACCORDING TO INTERNATIONAL STANDARD CLASSIFICATION INTERMEDIATE LIST OF 150 CAUSES

| Inter- mediate List Number | Detailed List Number | Cause Groups | Cases Treated | | Deaths | | Deaths | | | |
|-------------------------------------|----------------------------|---|------------------------------|---|------------------------------|---|--------------|--------|------------------|-------|
| | | | Govern- ment Hospitals | Govern- ment- Assisted Hospitals | Govern- ment Hospitals | Govern- ment- Assisted Hospitals | Whole Colony | | | |
| | | | | | | | Male | Female | Sex Un- known | Total |
| A 1 | 001 - 008 | Tuberculosis of respiratory system... | 1,278 | 3,820 | 145 | 679 | 1,162 | 492 | — | 1,654 |
| A 2 | 010 | Tuberculosis of meninges and central nervous system ... | 103 | 226 | 43 | 108 | 88 | 78 | — | 166 |
| A 3 | 011 | Tuberculosis of intestines, peri- toneum and mesenteric glands ... | 52 | 66 | 5 | 5 | 4 | 10 | — | 14 |
| A 4 | 012 - 013 | Tuberculosis of bones and joints ... | 191 | 481 | — | 11 | 6 | 7 | — | 13 |
| A 5 | 014 - 019 | Tuberculosis, all other forms ... | 124 | 80 | 6 | 10 | 19 | 15 | — | 34 |
| A 6 | 020 | Congenital syphilis ... | 10 | 11 | — | — | — | — | — | — |
| A 7 | 021 | Early Syphilis... | 4 | 2 | — | — | — | — | — | — |
| A 8 | 024 | Tabes dorsalis... | 13 | 12 | — | — | — | — | — | — |
| A 9 | 025 | General paralysis of insane... | 155 | 11 | 6 | 1 | 7 | — | — | 7 |
| A 10 | 022 - 023 | All other syphilis ... | 58 | 33 | 17 | 6 | 59 | 15 | — | 74 |
| A 11 | 026 - 029 | Gonococcal infections ... | 16 | 26 | — | — | — | — | — | — |
| A 12 | 030 - 035 | Typhoid fever... | 527 | 273 | 6 | 9 | 5 | 13 | — | 18 |
| A 13 | 041 - 042 | Paratyphoid fever and other Salmonella infections ... | 21 | 6 | 1 | — | 1 | 3 | — | 4 |
| A 14 | 043 | Cholera ... | *10 | — | — | — | 1 | — | — | † 1 |
| A 15 | 044 | Brucellosis (undulant fever)... | — | — | — | — | — | — | — | — |
| A 16 (a) | 045 | Bacillary dysentery ... | 708 | 30 | 8 | 1 | 6 | 3 | — | 9 |
| | | Carried forward... | 3,270 | 5,077 | 237 | 830 | 1,358 | 636 | — | 1,994 |

* Excluding 20 Carriers who were treated in Chatham Road Quarantine Station.
† Died on arrival to hospital.

| Inter-mediate List Number | Detailed List Number | Cause Groups | Cases Treated | | Deaths | | Deaths | | |
|---------------------------|----------------------|--|----------------------|-------------------------------|----------------------|-------------------------------|--------------|--------|-------------|
| | | | Government Hospitals | Government-Assisted Hospitals | Government Hospitals | Government-Assisted Hospitals | Whole Colony | | |
| | | | | | | | Male | Female | Sex Unknown |
| | | <i>Brought forward...</i> | 3,270 | 5,077 | 237 | 830 | 1,358 | 636 | — |
| A 16 (b) | 046 | Amoebiasis ... | 136 | 26 | 4 | 5 | 6 | 3 | — |
| A 17 (c) | 047 - 048 | Other unspecified forms of dysentery | 4 | 1 | 4 | — | 4 | — | — |
| A 18 | 050 | Scarlet fever ... | 4 | — | — | — | — | — | — |
| A 19 | 051 | Streptococcal sore throat | 11 | 6 | — | — | — | — | — |
| A 20 | 052 | Erysipelas ... | 5 | 1 | — | — | — | — | — |
| A 21 | 053 | Septicaemia and pyaemia | 64 | 139 | 36 | 57 | 53 | 49 | — |
| A 22 | 055 | Diphtheria ... | 1,307 | — | 98 | — | 48 | 54 | — |
| A 23 | 056 | Whooping cough ... | 11 | 5 | — | — | — | — | — |
| A 24 | 057 | Meningococcal infections | 38 | 7 | 26 | 5 | 18 | 17 | — |
| A 25 | 058 | Plague ... | — | — | — | — | — | — | — |
| A 26 | 060 | Leprosy ... | 79 | 652 | — | — | — | — | — |
| A 27 | 061 | Tetanus ... | 191 | 16 | 71 | 15 | 62 | 28 | — |
| A 28 | 062 | Anthrax ... | — | — | — | — | — | — | — |
| A 29 | 080 | Acute poliomyelitis ... | 343 | 33 | 47 | — | 29 | 23 | — |
| A 30 | 082 | Acute infectious encephalitis | 15 | 11 | 1 | 5 | 1 | 6 | — |
| | 081, 083 | Late effects of acute poliomyelitis and acute infectious encephalitis... | 51 | 22 | — | — | — | — | — |
| A 31 | 084 | Smallpox ... | — | — | — | — | — | — | — |
| A 32 | 085 | Measles ... | 373 | 303 | 23 | 19 | 162 | 164 | — |
| A 33 | 091 | Yellow fever ... | — | — | — | — | — | — | — |
| A 34 | 092 | Infectious hepatitis ... | 158 | 29 | 2 | 1 | 1 | 2 | — |
| A 35 | 094 | Rabies ... | — | — | — | — | — | — | — |
| A 36 (a) | 100 | Louse-borne epidemic typhus | — | — | — | — | — | — | — |
| | | <i>Carried forward...</i> | 6,060 | 6,328 | 549 | 937 | 1,742 | 982 | — |
| | | | | | | | | | 2,724 |

APPENDIX 9—Contd.

| Inter- mediate List Number | Detailed List Number | Cause Groups | Cases Treated | | Deaths | | Deaths | | | |
|-------------------------------------|----------------------------|--|------------------------------|---|------------------------------|---|--------|--------|------------------|-------|
| | | | Govern- ment Hospitals | Govern- ment- Assisted Hospitals | Govern- ment Hospitals | Govern- ment- Assisted Hospitals | Male | Female | Sex Un- known | Total |
| | | | | | | | | | | |
| | | <i>Brought forward...</i> | 6,060 | 6,328 | 549 | 937 | 1,742 | 982 | — | 2,724 |
| A 36 | 101 | Flea-borne epidemic typhus (murine) | — | — | — | — | — | — | — | — |
| (b) | 104 | Tick-borne epidemic typhus... | — | — | — | — | — | — | — | — |
| (c) | 105 | Mite-borne typhus ... | — | — | — | — | — | — | — | — |
| (d) | 102 - 103 | Other and unspecified typhus | — | — | — | — | — | — | — | — |
| (e) | 106 - 108 | | | | | | | | | |
| A 37 | 110 | Vivax malaria (benign tertian) | 25 | 7 | — | — | — | — | — | — |
| (a) | 111 | Malariae malaria (quartan) ... | 1 | — | — | — | — | — | — | — |
| (b) | 112 | Falciparum malaria (Malignant tertian) ... | 1 | — | — | — | — | — | — | — |
| (c) | | Blackwater fever ... | — | — | — | — | — | — | — | — |
| (d) | 115 | Other and unspecified forms of malaria | 11 | 3 | — | — | — | — | — | — |
| (e) | 113 - 114 | | | | | | | | | |
| A 38 | 116 - 117 | Schistosomiasis vesical (S. Haematobium) ... | — | — | — | — | — | — | — | — |
| (a) | 123.0 | Schistosomiasis intestinal (S. Mansoni)... | — | — | — | — | — | — | — | — |
| (b) | 123.1 | Schistosomiasis pulmonary (S. Japonicum) ... | — | — | — | — | — | — | — | — |
| (c) | 123.2 | Other and unspecified schistosomiasis ... | 5 | — | — | — | — | — | — | — |
| (d) | 123.3 | Hydatid disease ... | — | — | — | — | — | — | — | — |
| A 39 | 125 | Onchocerciasis ... | — | — | — | — | — | — | — | — |
| A 40 | 127 | Loiasis... | — | — | — | — | — | — | — | — |
| (a) | 127 | Filariasis (bancrofti) ... | 4 | — | — | — | — | — | — | — |
| (b) | 127 | Other filariasis ... | 5 | 1 | — | — | — | — | — | — |
| (c) | 127 | Ankylostomiasis ... | 3 | 54 | — | — | — | — | — | — |
| (d) | 129 | | | | | | | | | |
| A 41 | | <i>Carried forward...</i> | 6,115 | 6,393 | 549 | 937 | 1,742 | 982 | — | 2,724 |

| Inter-mediate List Number | Detailed List Number | Cause Groups | Cases Treated | | Deaths | | Deaths | | |
|---------------------------|----------------------|---|----------------------|-------------------------------|----------------------|-------------------------------|--------|--------|--------------|
| | | | Government Hospitals | Government-Assisted Hospitals | Government Hospitals | Government-Assisted Hospitals | Male | Female | Sex Un-known |
| A 42 (a) | 126 | Brought forward... | 6,115 | 6,393 | 549 | 937 | 1,742 | 982 | — |
| | | Tapeworm (infestation) and other cestode infestations ... | 4 | 1 | 1 | — | — | 1 | — |
| | 130.0 | Ascariasis ... | 40 | 64 | — | — | — | — | — |
| | 130.3 | Guinea Worm (dracunculosis) ... | — | 37 | — | — | — | — | — |
| | 124, 128 | Other diseases due to helminths ... | 3 | 122 | — | — | — | — | — |
| A 43 (a) | 130.1-130.2 | | | | | | | | |
| | 037 | Lymphogranuloma venereum ... | — | — | — | — | — | — | — |
| | 038 | Granuloma inguinale, venereal ... | — | — | — | — | — | — | — |
| | 039 | Other and unspecified venereal diseases ... | 4 | — | — | — | — | — | — |
| | 049 | Food poisoning infection and intoxication ... | 40 | 3 | — | — | — | — | — |
| | 071 | Relapsing fever ... | — | — | — | — | — | — | — |
| | 072 | Leptospirosis icterohaemorrhagica (Weil's disease) ... | — | — | — | — | — | — | — |
| | 073 | Yaws ... | — | — | — | — | — | — | — |
| | 087 | Chickenpox ... | 132 | 6 | 1 | — | 4 | 1 | — |
| | 090 | Dengue ... | — | — | — | — | — | — | — |
| | 095 | Trachoma ... | — | — | — | — | — | — | — |
| | 096.7 | Sandfly fever ... | — | — | — | — | — | — | — |
| | 120 | Leishmaniasis ... | — | — | — | — | — | — | — |
| | 121 | Trypanosomiasis gambiensi... | — | — | — | — | — | — | — |
| | | Trypanosomiasis rhodesiensis | — | — | — | — | — | — | — |
| (n) | | Other and unspecified trypanosomiasis ... | — | — | — | — | — | — | — |
| | 131 | Dermatophytosis ... | — | — | — | — | — | — | — |
| | 135 | Scabies ... | — | — | — | — | — | — | — |
| (o) | | Carried forward... | 6,338 | 6,626 | 551 | 937 | 1,746 | 984 | — |
| | | | | | | | | | 2,730 |

APPENDIX 9—Contd.

| Inter- mediate List Number | Detailed List Number | Cause Groups | Cases Treated | | Deaths | | Deaths | | |
|-------------------------------------|---|--|------------------------------|---|------------------------------|---|--------|--------|------------------|
| | | | Govern- ment Hospitals | Govern- ment- Assisted Hospitals | Govern- ment Hospitals | Govern- ment- Assisted Hospitals | Male | Female | Sex Un- known |
| A 43 (p) | 036,054,059, 063,064,070, 074,086,088, 089,093, 096.1, 096.6, 096.8, 096.9, 122,132-134, 136-138 | <i>Brought forward...</i> ... All other diseases classified as infective and parasitic ... | 6,338 | 6,626 | 551 | 937 | 1,746 | 984 | — |
| A 44 | 140 - 148 | Malignant neoplasm of buccal cavity and pharynx ... | ... | ... | ... | ... | ... | ... | ... |
| A 45 | 150 | Malignant neoplasm of oesophagus... | 185 | 359 | 34 | 165 | 205 | 96 | — |
| A 46 | 151 | Malignant neoplasm of stomach ... | 154 | 67 | 60 | 17 | 83 | 25 | — |
| A 47 | 152 - 153 | Malignant neoplasm of intestine, except rectum ... | 160 | 265 | 52 | 126 | 147 | 160 | — |
| A 48 | 154 | Malignant neoplasm of rectum ... | 75 | 97 | 17 | 48 | 46 | 67 | — |
| A 49 | 161 | Malignant neoplasm of larynx ... | 86 | 100 | 7 | 37 | 31 | 43 | — |
| A 50 | 162 - 163 | Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary ... | 31 | 16 | 1 | 4 | 9 | — | — |
| A 51 | 170 | Malignant neoplasm of breast ... | 190 | 264 | 46 | 146 | 186 | 143 | — |
| A 52 | 171 | Malignant neoplasm of cervix uteri... | 174 | 219 | 6 | 56 | — | 104 | — |
| A 53 | 172 - 174 | Malignant neoplasm of other and unspecified parts of uterus ... | 386 | 203 | 12 | 87 | — | 148 | — |
| A 54 | 177 | Malignant neoplasm of prostate ... | 109 | 56 | 1 | 27 | — | 52 | — |
| A 55 | 190 - 191 | Malignant neoplasm of skin ... | 16 | 6 | — | 2 | 12 | — | — |
| A 56 | 196 - 197 | Malignant neoplasm of bone and connective tissue ... | 10 | 4 | 1 | 4 | 5 | 4 | — |
| | | <i>Carried forward...</i> ... | 54 | 22 | 6 | 4 | 12 | 9 | — |
| | | | 8,053 | 8,396 | 799 | 1,669 | 2,492 | 1,840 | — |
| | | | | | | | | | 4,332 |

| Inter-mediate List Number | Detailed List Number | Cause Groups | Cases Treated | | Deaths | | Deaths | | | |
|---------------------------|--|--|----------------------|-------------------------------|----------------------|-------------------------------|--------------|--------|--------------|-------|
| | | | Government Hospitals | Government-Assisted Hospitals | Government Hospitals | Government-Assisted Hospitals | Whole Colony | | | Total |
| | | | | | | | Male | Female | Sex Un-known | |
| A 57 | 155 - 160 164 - 165 175 - 176 178 - 181 192 - 195 198 - 199 | <i>Brought forward...</i> | 8,053 | 8,396 | 799 | 1,669 | 2,492 | 1,840 | — | 4,332 |
| | | Malignant neoplasm of all other and unspecified sites ... | 565 | 635 | 208 | 283 | 467 | 289 | — | 756 |
| | | Leukaemia and aleukaemia... | 137 | 31 | 42 | 23 | 54 | 36 | — | 90 |
| | | Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system ... | 113 | 35 | 26 | 13 | 32 | 23 | — | 55 |
| | | Benign neoplasms and neoplasms of unspecified nature ... | 1,397 | 325 | 13 | 10 | 23 | 19 | — | 42 |
| A 61 | 250 - 251 | Nontoxic goitre ... | 32 | 74 | 1 | — | — | 1 | — | 1 |
| A 62 | 252 | Thyrototoxicosis with or without goitre | 339 | 43 | 2 | — | 1 | 3 | — | 4 |
| A 63 | 260 | Diabetes mellitus ... | 327 | 353 | 10 | 16 | 41 | 36 | — | 77 |
| A 64 (a) | 280 | Beriberi ... | 2 | 7 | — | 1 | — | 1 | — | 1 |
| (b) | 281 | Pellagra ... | — | — | — | — | — | — | — | — |
| (c) | 282 | Scurvy... | — | — | — | — | — | — | — | — |
| (d) | 283 - 286 | Other deficiency states ... | 56 | 305 | — | 16 | 10 | 6 | — | 16 |
| A 65 (a) | 290 | Pernicious and other hyperchromic anaemias ... | — | 3 | — | — | 1 | — | — | 1 |
| (b) | 291 | Iron deficiency anaemias (hypochromic) ... | 6 | 30 | — | 1 | — | 2 | — | 2 |
| (c) | 292 - 293 | Other specified and unspecified anaemias ... | 378 | 228 | 27 | 19 | 24 | 22 | — | 46 |
| A 66 (a) | 247 | Asthma ... | 247 | 462 | 5 | 18 | 34 | 25 | — | 59 |
| | | <i>Carried forward...</i> | 11,652 | 10,927 | 1,133 | 2,069 | 3,179 | 2,303 | — | 5,482 |

APPENDIX 9—Contd.

| Inter-mediate List Number | Detailed List Number | Cause Groups | Cases Treated | | Deaths | | Deaths | | |
|---------------------------|--|---|-----------------------|--------------------------------|-----------------------|--------------------------------|--------|--------|--------------|
| | | | Govern-ment Hospitals | Govern-ment Assisted Hospitals | Govern-ment Hospitals | Govern-ment Assisted Hospitals | Male | Female | Sex Un-known |
| A 66 (b) | 240, 242 - 245, 253 - 254, 270 - 277, 287 - 289, 294 - 299 | <i>Brought forward...</i> | 11,652 | 10,927 | 1,133 | 2,069 | 3,179 | 2,303 | — |
| | | All other allergic disorders, endocrine, metabolic and blood diseases ... | 489 | 170 | 21 | 8 | 21 | 14 | — |
| | | Psychoses ... | 2,554 | — | 1 | — | — | 1 | — |
| | | Psychoneuroses and disorders of personality ... | 1,873 | 68 | 2 | — | 1 | 1 | — |
| | | Mental deficiency ... | 225 | 10 | — | — | — | — | — |
| A 67 | 300 - 309 | Psychoses ... | 2,554 | — | 1 | — | — | 1 | — |
| A 68 | 310 - 324 326 | Psychoneuroses and disorders of personality ... | 1,873 | 68 | 2 | — | 1 | 1 | — |
| A 69 | 325 | Mental deficiency ... | 225 | 10 | — | — | — | — | — |
| A 70 | 330 - 334 | Vascular lesions affecting central nervous system ... | 846 | 1,996 | 502 | 653 | 772 | 725 | — |
| A 71 | 340 | Nonmeningococcal meningitis ... | 157 | 62 | 54 | 28 | 51 | 37 | — |
| A 72 | 345 | Multiple sclerosis ... | 1 | 1 | — | — | — | — | — |
| A 73 | 353 | Epilepsy ... | 211 | 50 | 7 | 2 | 6 | 3 | — |
| A 74 | 370 - 379 | Inflammatory diseases of eye ... | 18 | 33 | — | — | — | — | — |
| A 75 | 385 | Cataract ... | 247 | 226 | — | — | — | — | — |
| A 76 | 387 | Glaucoma ... | 21 | 37 | — | — | — | — | — |
| <i>Carried forward...</i> | | | 18,294 | 13,580 | 1,720 | 2,760 | 4,030 | 3,084 | — |
| | | | | | | | | | 7,114 |

| Inter- mediate List Number | Detailed List Number | Cause Groups | Cases Treated | | Deaths | | Deaths | | |
|--|--|---|------------------------------|---|------------------------------|---|--------|--------|---------------------------|
| | | | Govern- ment Hospitals | Govern- ment- Assisted Hospitals | Govern- ment Hospitals | Govern- ment- Assisted Hospitals | Male | Female | Sex Un- known Total |
| A 77 (a) (b) (c) | 390 391 - 393 394 | <i>Brought forward...</i> | 18,294 | 13,580 | 1,720 | 2,760 | 4,030 | 3,084 | 7,114 |
| | | Otitis externa... | 7 | 5 | — | — | — | — | — |
| | | Otitis media and mastoiditis | 86 | 114 | — | — | 1 | — | 1 |
| | | Other inflammatory diseases of ear... | 5 | 7 | — | — | — | — | — |
| A 78 (a) (b) | 380 - 384, 386, 388 - 389 341 - 344, 350 - 352, 354 - 357, 360 - 369, 395 - 398 | All other diseases and conditions of eye | 314 | 65 | — | — | — | — | — |
| | | All other diseases of the nervous system and sense organs... | 478 | 343 | 55 | 28 | 65 | 42 | 107 |
| | | Rheumatic fever | 102 | 27 | 6 | 3 | 11 | 6 | 17 |
| | | Chronic rheumatic heart disease | 636 | 670 | 47 | 41 | 90 | 138 | 228 |
| A 79 A 80 A 81 | 400 - 402 410 - 416 420 - 422 | Arteriosclerotic and degenerative heart disease | 257 | 308 | 55 | 73 | 380 | 310 | 690 |
| | | Other diseases of heart | 389 | 953 | 103 | 385 | 342 | 293 | 635 |
| | | Hypertensive heart disease | 213 | 482 | 15 | 88 | 263 | 166 | 429 |
| | | Other hypertensive disease | 185 | 608 | 8 | 28 | 56 | 31 | 87 |
| A 82 A 83 A 84 A 85 A 86 A 87 A 88 A 89 A 90 A 91 | 430 - 434 440 - 443 444 - 447 450 - 456 460 - 468 470 - 475 480 - 483 490 491 492 - 493 | Diseases of arteries | 134 | 184 | 20 | 15 | 72 | 59 | 131 |
| | | Other diseases of circulatory system | 221 | 823 | 8 | 2 | 6 | 5 | 11 |
| | | Acute upper respiratory infections... | 738 | 1,293 | 9 | 17 | 10 | 16 | 26 |
| | | Influenza | 45 | 239 | — | — | 26 | 15 | 41 |
| | | Lobar Pneumonia | 92 | 101 | 9 | 12 | 41 | 27 | 68 |
| | | Bronchopneumonia | 1,599 | 3,214 | 527 | 1,427 | 1,125 | 1,194 | 2,319 |
| | | Primary atypical, other and unspecified pneumonia | 139 | 124 | 11 | 41 | 32 | 30 | 62 |
| | | <i>Carried forward...</i> | 23,934 | 23,140 | 2,593 | 4,920 | 6,550 | 5,416 | 11,966 |

APPENDIX 9—Contd.

| Inter- mediate List Number | Detailed List Number | Cause Groups | Cases Treated | | Deaths | | Deaths | | | |
|-------------------------------------|--------------------------------|--|------------------------------|---|------------------------------|---|--------|--------|------------------|--------|
| | | | Govern- ment Hospitals | Govern- ment- Assisted Hospitals | Govern- ment Hospitals | Govern- ment- Assisted Hospitals | Male | Female | Sex Un- known | Total |
| | | | | | | | | | | |
| | | <i>Brought forward...</i> | 23,934 | 23,140 | 2,593 | 4,920 | 6,550 | 5,416 | — | 11,966 |
| A 92 | 500 | Acute bronchitis | 59 | 182 | 1 | 6 | 2 | 5 | — | 7 |
| A 93 | 501 - 502 | Bronchitis, chronic and unqualified... | 225 | 392 | 3 | 27 | 59 | 77 | — | 136 |
| A 94 | 510 | Hypertrophy of tonsils and adenoids | 504 | 22 | — | — | 1 | — | — | 1 |
| A 95 | 518, 521 | Empyema and abscess of lung | 123 | 91 | 19 | 21 | 40 | 10 | — | 50 |
| A 96 | 519 | Pleurisy | 9 | 90 | 1 | 3 | 9 | 3 | — | 12 |
| A 97 (a) | 523 | Pneumoconiosis | — | — | — | — | — | — | — | — |
| (b) | 511 - 517, 520, 522, 524 - 527 | All other respiratory diseases | 841 | 695 | 50 | 13 | 55 | 39 | — | 94 |
| A 98 (a) | 530 | Dental Caries | 41 | 1 | — | — | — | — | — | — |
| (b) | 531 - 535 | All other diseases of teeth and supporting structures | 313 | 22 | — | — | — | — | — | — |
| A 99 | 540 | Ulcer of stomach | 972 | 599 | 11 | 15 | 30 | 14 | — | 44 |
| A 100 | 541 | Ulcer of duodenum | 413 | 89 | 16 | 3 | 24 | 11 | — | 35 |
| A 101 | 543 | Gastritis and duodenitis | 215 | 141 | — | 3 | 5 | 2 | — | 7 |
| A 102 | 550 - 553 | Appendicitis | 1,485 | 340 | 3 | 1 | 3 | 4 | — | 7 |
| A 103 | 560 - 561 570 | Intestinal obstruction and hernia | 756 | 444 | 29 | 19 | 47 | 27 | — | 74 |
| A 104 (a) | 571.0 | Gastro-enteritis and colitis, between 4 weeks and 2 years | 985 | 1,489 | 154 | 371 | 273 | 273 | — | 546 |
| (b) | 571.1 | Gastro-enteritis and colitis, ages 2 years and over | 870 | 829 | 37 | 59 | 44 | 56 | — | 100 |
| (c) | 572 | Chronic enteritis and ulcerative colitis | 17 | 233 | 1 | 4 | 9 | 4 | — | 13 |
| A 105 | 581 | Cirrhosis of liver | 427 | 249 | 75 | 92 | 194 | 57 | — | 251 |
| A 106 | 584, 585 | Cholelithiasis and cholecystitis | 181 | 151 | 4 | 4 | 11 | 11 | — | 22 |
| | | <i>Carried forward...</i> | 32,370 | 29,199 | 2,997 | 5,561 | 7,356 | 6,009 | — | 13,365 |

| Inter-mediate List Number | Detailed List Number | Cause Groups | Cases Treated | | Deaths | | Deaths | | | |
|---------------------------|---|---|----------------------|-------------------------------|----------------------|-------------------------------|--------|--------|-------------|--------|
| | | | Government Hospitals | Government-Assisted Hospitals | Government Hospitals | Government-Assisted Hospitals | Male | Female | Sex Unknown | Total |
| A 107 | 536 - 539, 542, 544, 545, 573 - 580, 582 - 583, 586, 587 | <i>Brought forward...</i> | 32,370 | 29,199 | 2,997 | 5,561 | 7,356 | 6,009 | — | 13,365 |
| | | Other diseases of digestive system... | 1,540 | 906 | 200 | 63 | 166 | 110 | — | 276 |
| | | Acute nephritis ... | 154 | 253 | 7 | 18 | 14 | 11 | — | 25 |
| | | Chronic, other and unspecified nephritis ... | 253 | 417 | 69 | 132 | 167 | 167 | — | 334 |
| | | Infections of kidney ... | 181 | 86 | 15 | 3 | 11 | 8 | — | 19 |
| A 110 | 600 | Calculi of urinary system ... | 436 | 209 | 2 | — | 5 | 5 | — | 10 |
| A 111 | 602, 604 | Hyperplasia of prostate ... | 35 | 34 | 4 | 1 | 13 | — | — | 13 |
| A 112 | 610 | Diseases of breast ... | 119 | 67 | — | — | — | — | — | — |
| A 113 | 620, 621 | Hydrocele ... | 73 | 124 | — | — | — | — | — | — |
| A 114(a) | 613 | Disorders of menstruation ... | 161 | 337 | — | — | — | — | — | — |
| A 114(b) | 634 | | | | | | | | | |
| A 114(c) | 601, 603, 605 - 609, 611 - 612, 614 - 617, 622 - 633, 635 - 637 | All other diseases of the genito-urinary system ... | 1,686 | 1,556 | 14 | — | 15 | 6 | — | 21 |
| A 115 | 640 - 641, 681 - 682, 684 | Sepsis of pregnancy, child-birth and the puerperium ... | 163 | 40 | 1 | 1 | — | 2 | — | 2 |
| | | Toxaemias of pregnancy and the puerperium... | 784 | 185 | 2 | 2 | — | 16 | — | 16 |
| | | <i>Carried forward...</i> | 37,955 | 33,413 | 3,311 | 5,781 | 7,747 | 6,334 | — | 14,081 |
| A 116 | 642, 652, 685 - 686 | | | | | | | | | |

APPENDIX 9—Contd.

| Inter- mediate List Number | Detailed List Number | Cause Groups | Cases Treated | | Deaths | | Deaths | | | |
|-------------------------------------|--------------------------------|--|-------------------------|--------------------------------------|-------------------------|--------------------------------------|--------|--------|------------------|--------|
| | | | Government Hospitals | Government- Assisted Hospitals | Government Hospitals | Government- Assisted Hospitals | Male | Female | Sex Un- known | Total |
| | | <i>Brought forward...</i> | 37,955 | 33,413 | 3,311 | 5,781 | 7,747 | 6,334 | — | 14,081 |
| A 117 | 643 - 644 | Haemorrhage of pregnancy and childbirth ... | 333 | 503 | 5 | 7 | — | 21 | — | 21 |
| A 118 | 670 - 672 650 | Abortion without mention of sepsis or toxæmia... | 1,656 | 2,636 | — | 1 | — | 2 | — | 2 |
| A 119 | 651 | Abortion with sepsis... | 12 | 104 | — | — | — | 1 | — | 1 |
| A 120(a) | 645 - 649 673 - 680 683, | Other complications of pregnancy, childbirth and the puerperium ... | 7,484 | 821 | 9 | 1 | — | 12 | — | 12 |
| (b) | 687 - 689 | | | | | | | | | |
| A 121 | 660 | Delivery without complication | 6,899 | 35,644 | — | — | — | — | — | — |
| | 690 - 698 | Infections of skin and subcutaneous tissue ... | 1,571 | 585 | 4 | 6 | 5 | 5 | — | 10 |
| A 122 | 720 - 725 | Arthritis and spondylitis ... | 176 | 284 | — | 1 | 1 | 5 | — | 6 |
| A 123 | 726 - 727 | Muscular rheumatism and rheumatism, unspecified ... | 33 | 48 | — | — | 1 | — | — | 1 |
| A 124 | 730 | Osteomyelitis and periostitis | 283 | 67 | 1 | 1 | 1 | 2 | — | 3 |
| A 125 | 737 | Ankylosis and acquired musculoskeletal deformities | 56 | 7 | — | — | — | — | — | — |
| A 126(a) | 745 - 749 715 | Chronic ulcer of skin (including tropical ulcer) ... | 50 | 136 | — | 1 | — | 2 | — | 2 |
| (b) | 700 - 714 716 | All other diseases of skin ... | 358 | 318 | 2 | 1 | — | 4 | — | 4 |
| (c) | 731 - 736 738 - 744 | All other diseases of musculoskeletal system ... | 415 | 67 | 1 | 1 | 5 | 2 | — | 7 |
| A 127 | 751 | Spina bifida and meningocele | 7 | 6 | 5 | — | — | 5 | — | 5 |
| | | <i>Carried forward...</i> | 57,288 | 74,639 | 3,338 | 5,801 | 7,760 | 6,395 | — | 14,155 |

| Inter-mediate List Number | Detailed List Number | Cause Groups | Cases Treated | | Deaths | | Deaths | | | |
|---------------------------|--------------------------|--|-----------------------|--------------------------------|-----------------------|--------------------------------|--------------|--------|--------------|--------|
| | | | Govern-ment Hospitals | Govern-ment Assisted Hospitals | Govern-ment Hospitals | Govern-ment Assisted Hospitals | Whole Colony | | | Total |
| | | | | | | | Male | Female | Sex Un-known | |
| A 128 | 754 | Brought forward... | 57,288 | 74,639 | 3,338 | 5,801 | 7,760 | 6,395 | — | 14,155 |
| A 129 | 750, 752, 753, 755 - 759 | Congenital malformations of circulatory system... | 108 | 32 | 18 | 22 | 38 | 35 | — | 73 |
| A 130 | 760 - 761 | All other congenital malformations... | 299 | 413 | 43 | 57 | 69 | 55 | 1 | 125 |
| A 131 | 762 | Birth injuries... | 19 | 32 | 14 | 30 | 34 | 20 | — | 54 |
| A 132(a) | 764 | Postnatal asphyxia and atelectasis... | 243 | 106 | 28 | 99 | 83 | 68 | — | 151 |
| (b) | 765 | Diarrhoea of newborn (under 4 weeks) | 62 | 153 | 7 | 52 | 154 | 96 | — | 250 |
| (c) | 763, 766 - 768 | Ophthalmia neonatorum ... | 78 | — | — | — | — | — | — | — |
| A 133 | 770 | Other infections of newborn | 295 | 293 | 61 | 46 | 217 | 154 | — | 371 |
| A 134 | 769, 771, 772 | Haemolytic disease of newborn | 14 | 62 | 1 | 48 | 121 | 64 | — | 185 |
| A 135 | 773 - 776 | All other defined diseases of early infancy ... | 110 | 38 | 26 | 13 | 28 | 20 | — | 48 |
| A 136 | 794 | Ill-defined diseases peculiar to early infancy ... | 554 | 1,205 | 130 | 642 | 585 | 480 | — | 1,065 |
| A 137(a) | 788.8 | Senility without mention of Psychosis | 15 | 492 | — | 173 | 216 | 403 | — | 619 |
| (b) | 793 | Pyrexia of unknown origin... | 219 | 333 | — | — | — | — | — | — |
| (c) | 780 - 787 | Observation, without need for further medical care ... | 542 | 927 | — | — | — | — | — | — |
| | 788.1 - 788.7 | All other ill-defined causes of morbidity ... | 757 | 537 | 59 | 64 | 937 | 753 | 2 | 1,692 |
| | 788.9 | | | | | | | | | |
| | 789 - 792 | | | | | | | | | |
| | 795 | | | | | | | | | |
| | | Carried forward... | 60,603 | 79,262 | 3,725 | 7,047 | 10,242 | 8,543 | 3 | 18,788 |

APPENDIX 9—Contd.

| Inter- mediate List Number | Detailed List Number | Cause Groups | Cases Treated | | Deaths | | Deaths | | | |
|-------------------------------------|----------------------------|---|------------------------------|---|------------------------------|---|--------------|--------|------------------|--------|
| | | | Govern- ment Hospitals | Govern- ment- Assisted Hospitals | Govern- ment Hospitals | Govern- ment- Assisted Hospitals | Whole Colony | | | Total |
| | | | | | | | Male | Female | Sex Un- known | |
| | | <i>Brought forward...</i> | 60,603 | 79,262 | 3,725 | 7,047 | 10,242 | 8,543 | 3 | 18,788 |
| AE 138 | E810 - E835 | Motor vehicle accidents ... | 2,668 | — | 149 | — | 166 | 91 | — | 257 |
| AE 139 | E800 - E802 E840 - E866 | Other transport accidents ... | 394 | — | 27 | — | 31 | 26 | — | 57 |
| AE 140 | E870 - E895 | Accidental poisoning... ... | 476 | — | 8 | — | 18 | 3 | — | 21 |
| AE 141 | E900 - E904 | Accidental falls ... | 4,361 | 27 | 128 | — | 122 | 63 | — | 185 |
| AE 142 | E912 | Accident caused by machinery ... | 545 | 2 | 5 | — | 8 | 1 | — | 9 |
| AE 143 | E916 | Accident caused by fire and explosion of combustible material... | 332 | 5 | 31 | — | 44 | 42 | — | 86 |
| AE 144 | E917, E918 | Accident caused by hot substance, corrosive liquid, steam and radiation ... | 1,134 | 22 | 31 | — | 16 | 19 | — | 35 |
| AE 145 | E919 | Accident caused by firearm ... | — | — | — | — | — | 2 | — | 2 |
| AE 146 | E929 | Accidental drowning and submersion ... | 116 | — | 4 | — | 204 | 136 | — | 340 |
| | | <i>Carried forward...</i> | 70,629 | 79,318 | 4,108 | 7,047 | 10,851 | 8,926 | 3 | 19,780 |

| Inter-mediate List Number | Detailed List Number | Cause Groups | Cases Treated | | Deaths | | Deaths | | |
|---------------------------|---|---|----------------------|-------------------------------|----------------------|-------------------------------|--------------|--------|-----------------------|
| | | | Government Hospitals | Government-Assisted Hospitals | Government Hospitals | Government-Assisted Hospitals | Whole Colony | | |
| | | | | | | | Male | Female | Sex Un-known Total |
| AE 147 (a) | E920 | Brought forward... | 70,629 | 79,318 | 4,108 | 7,047 | 10,851 | 8,926 | 3 19,780 |
| | | Foreign body entering eye and adnexa ... | 3 | — | — | — | — | — | — |
| | | Foreign body entering other orifice... | 491 | 2 | 1 | — | 1 | — | 1 |
| | | Accidents caused by bites and stings of venomous animals and insects... | 111 | — | — | — | — | — | — |
| | | Other accidents caused by animals... | 2 | 2 | — | — | 1 | — | 1 |
| (d) | E928 | All other accidental causes ... | 1,829 | 20 | 36 | — | 104 | 54 | 158 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| (e) | E910 - E911 E913 - E915 E921 - E922 E924 - E926 E930 - E965 | Suicide and self-inflicted injury ... | 503 | 1 | 68 | 4 | 224 | 138 | — 362 |
| | | Homicide and injury purposely inflicted by other persons (not in war) ... | 199 | 1 | 4 | — | 14 | 8 | — 22 |
| | | Injury resulting from operations of war ... | — | — | — | — | — | — | — |
| | | GRAND TOTAL... | ‡73,767 | 79,344 | 4,217 | 7,051 | 11,195 | 9,126 | 3 20,324 |
| | | | | | | | | | |
| AE 148 | E970 - E979 | | | | | | | | |
| AE 149 | E980 - E985 | | | | | | | | |
| AE 150 | E990 - E999 | | | | | | | | |

‡ Including 5,508 convalescent patients transferred to Lai Chi Kok Hospital from Queen Mary (201) & Kowloon (5,307) Hosps.

APPENDIX 9—Contd.

| Inter- mediate List Number | Detailed List Number | Cause Groups | Cases Treated | | Deaths | | Deaths | | |
|-------------------------------------|----------------------------|--|------------------------------|---|------------------------------|---|--------|--------------|---------------------------|
| | | | Govern- ment Hospitals | Govern- ment- Assisted Hospitals | Govern- ment Hospitals | Govern- ment- Assisted Hospitals | Male | Whole Colony | |
| | | | | | | | | Female | Sex Un- known Total |
| AN 138 | N800 - N804 | Fracture of skull ... | 579 | — | 173 | — | 245 | 122 | — 367 |
| AN 139 | N805 - N809 | Fracture of spine and trunk ... | 462 | 7 | 29 | — | 39 | 15 | — 54 |
| AN 140 | N810 - N829 | Fracture of limbs ... | 2,131 | 12 | 18 | — | 21 | 13 | — 34 |
| AN 141 | N830 - N839 | Dislocation without fracture ... | 149 | — | 2 | — | 2 | — | — 2 |
| AN 142 | N840 - N848 | Sprains and strains of joints and adjacent muscle ... | 41 | 2 | — | — | — | — | — — |
| AN 143 | N850 - N856 | Head injury (excluding fracture) ... | 4,151 | 4 | 103 | — | 78 | 49 | — 127 |
| AN 144 | N860 - N869 | Internal injury of chest, abdomen and pelvis ... | 248 | — | 35 | — | 56 | 26 | — 82 |
| AN 145 | N870 - N908 | Laceration and open wounds ... | 2,043 | 7 | 6 | — | 13 | 8 | — 21 |
| AN 146 | N910 - N929 | Superficial injury, contusion and crushing with intact skin surface... | 259 | 2 | 3 | — | 3 | — | — 3 |
| AN 147 | N930 - N936 | Effects of foreign body entering through orifice ... | 568 | 4 | — | — | 7 | 2 | — 9 |
| AN 148 | N940 - N949 | Burns ... | 1,419 | 27 | 64 | — | 61 | 64 | — 125 |
| AN 149 | N960 - N979 | Effects of poisons ... | 884 | 1 | 44 | 1 | 83 | 36 | — 119 |
| AN 150 | N950 - N959 N980 - N999 | All other and unspecified effects of external causes ... | 230 | 16 | 15 | 3 | 345 | 248 | — 593 |
| | | TOTAL ... | 13,164 | 82 | 492 | 4 | 953 | 583 | — 1,536 |

NUMBER OF HOSPITAL BEDS IN HONG KONG — 1962

| Institutions | Medical | Surgical | Gynaeco-logical | Tuber- culosis | Psychia- tric | Maternity | Infectious | Observa- tion | Total |
|--|---------|----------|-----------------|-------------------|------------------|-----------|------------|------------------|-------|
| GOVERNMENT HOSPITALS : | | | | | | | | | |
| Queen Mary | 230 | 287 | 52 | — | — | 44 | — | 10 | 623 |
| Kowloon | 156 | 257 | 34 | — | — | 99 | 16 | 12 | 574 |
| Castle Peak | — | — | — | — | (a) 1,119 | — | — | — | 1,119 |
| H.K. Psy. Cl. & Day Hosp. | — | — | — | — | 12 | — | — | — | 12 |
| Sai Ying Pun | — | — | — | — | — | — | 88 | — | 88 |
| Tsan Yuk... .. | — | — | — | — | — | 200 | — | — | 200 |
| Lai Chi Kok | 73 | 182 | 14 | 72 | — | — | 140 | — | 481 |
| Wan Chai | — | — | — | — | — | — | (b) 30 | — | 30 |
| St. John | 38 | — | — | 42 | — | 15 | 5 | — | 100 |
| South Lantau | (c) 15 | — | — | — | — | — | — | — | 15 |
| 4 Prison Hospitals ... | (d) 78 | 29 | — | 34 | 29 | 1 | 15 | — | 186 |
| | 590 | 755 | 100 | 148 | 1,160 | 359 | 294 | 22 | 3,428 |
| GOVERNMENT DISPENSARIES AND MATERNITY HOMES : | | | | | | | | | |
| Aberdeen | — | — | — | — | — | 27 | — | — | 27 |
| Eastern | — | — | — | — | — | 24 | — | — | 24 |
| Anne Black | — | — | — | — | — | 8 | — | — | 8 |
| Kennedy Town | — | — | — | — | — | 5 | — | — | 5 |
| Stanley | — | — | — | — | — | 6 | — | — | 6 |
| Hung Hom | — | — | — | — | — | 14 | — | — | 14 |
| Tai Po | * 2 | — | — | — | — | 25 | — | — | 27 |
| Yuen Long | — | — | — | — | — | 7 | — | — | 7 |
| Sha Tau Kok | * 1 | — | — | — | — | 6 | — | — | 7 |
| Shek Wu Hui | * 4 | — | — | — | — | 25 | — | — | 29 |
| Ho Tung | * 6 | — | — | — | — | 7 | — | — | 13 |
| Sai Kung | — | — | — | — | — | 7 | — | — | 7 |
| Tai O | * 4 | — | — | — | — | 15 | — | — | 19 |
| San Hui | — | — | — | — | — | 8 | — | — | 8 |
| Sha Tin | — | — | — | — | — | 4 | — | — | 4 |
| Silver Mine Bay | — | — | — | — | — | 6 | — | — | 6 |
| Maurine Grantham ... | * 1 | — | — | — | — | 25 | — | — | 26 |
| North Lamma | — | — | — | — | — | 6 | — | — | 6 |
| Peng Chau | * 1 | — | — | — | — | 6 | — | — | 7 |
| Shek Pik First Aid Post | * 2 | — | — | — | — | — | — | — | 2 |
| | * 21 | — | — | — | — | 231 | — | — | 252 |

APPENDIX 10—Contd.

| Institutions | Medical | Surgical | Gynaeco-logical | Tuber-culosis | Psychiatric | Maternity | Infectious | Observa-tion | Total |
|--|--------------|--------------|-----------------|---------------|--------------|--------------|------------|--------------|---------------|
| GOVERNMENT-ASSISTED HOSPITALS: | | | | | | | | | |
| Tung Wah | 235 | 151 | 45 | (e) 217 | — | 58 | 10 | — | 716 |
| Tung Wah Eastern | 149 | 42 | 16 | 48 | — | 64 | 19 | — | 338 |
| Kwong Wah | (f) 598 | 137 | 88 | 91 | — | 235 | — | — | 1,149 |
| Alice Ho Miu Ling Nethersole | (g) 106 | 70 | 57 | — | — | 67 | — | — | 300 |
| Ruttonjee Sanatorium | — | — | — | 336 | — | — | — | — | 336 |
| Grantham | — | — | — | 568 | — | — | — | — | 568 |
| Pok Oi | 87 | 11 | — | — | — | 20 | — | — | 118 |
| Hei Ling Chau Leprosarium | — | — | — | — | — | — | 540 | — | 540 |
| Haven of Hope T.B. Sanatorium | — | — | — | 230 | — | — | — | — | 230 |
| Sandy Bay Convalescent Home | — | 108 | — | — | — | — | — | — | 108 |
| Maryknoll Mission | †50 | — | — | — | — | 20 | — | — | 70 |
| | 1,225 | 519 | 206 | 1,490 | — | 464 | 569 | — | 4,473 |
| PRIVATE HOSPITALS: | | | | | | | | | |
| H.K. Sanatorium & Hosp. | 105 | 104 | 25 | 19 | — | 52 | 11 | — | 316 |
| Precious Blood | †94 | — | — | — | — | 12 | — | — | 106 |
| St. Teresa's | †288 | — | — | — | — | — | — | — | 288 |
| Canossa | 70 | 73 | 10 | 17 | — | 24 | — | — | 194 |
| St. Paul's... .. | 90 | 22 | — | 34 | — | 26 | — | — | 172 |
| Hong Kong Central | 44 | 37 | 9 | 10 | 2 | 14 | 4 | — | 120 |
| Matilda & War Memorial | 22 | 22 | — | — | — | 12 | — | — | 56 |
| Fanling | 31 | 10 | — | — | — | 4 | — | — | 45 |
| Nansen T.B. Rehabilitation Centre | — | — | — | 30 | — | — | — | — | 30 |
| Children's Convalescent Home, Cheung Chau | 34 | — | — | — | — | — | — | — | 34 |
| | 778 | 268 | 44 | 110 | 2 | 144 | 15 | — | 1,361 |
| PRIVATE MATERNITY HOMES: | — | — | — | — | — | 438 | — | — | 438 |
| PRIVATE NURSING HOMES: | 29 | — | — | — | — | 36 | — | — | 65 |
| GOVERNMENT HOSPITALS, DISPENSARIES AND MATERNITY HOMES: | | | | | | | | | |
| GOVERNMENT-ASSISTED HOSPITALS | 611 | 755 | 100 | 148 | 1,160 | 590 | 294 | 22 | 3,680 |
| PRIVATE HOSPITALS | 1,225 | 519 | 206 | 1,490 | — | 464 | 569 | — | 4,473 |
| PRIVATE MATERNITY HOMES | 778 | 268 | 44 | 110 | 2 | 144 | 15 | — | 1,361 |
| PRIVATE NURSING HOMES | — | — | — | — | — | 438 | — | — | 438 |
| | 29 | — | — | — | — | 36 | — | — | 65 |
| GRAND TOTAL | 2,643 | 1,542 | 350 | 1,748 | 1,162 | 1,672 | 878 | 22 | 10,017 |

Remarks: (a) Including 120 beds in Drug Addiction Centre.

(b) Including 4 cots and 4 cradles.

(c) Used for either medical or surgical cases.

(d) Including 12 general beds.

(e) Including 86 beds in Infirmary, Sandy Bay.

(f) Including 125 beds in Infirmary at Kwong Wah Hospital.

(g) Including 30 beds used for either medical or surgical cases.

* Casualty holding beds.

† General beds.

APPENDIX 11

IN-PATIENTS ADMITTED INTO GOVERNMENT, GOVERNMENT-ASSISTED AND PRIVATE HOSPITALS IN 1962, INCLUDING CASES REMAINING IN HOSPITALS FROM THE PREVIOUS YEAR

| NAME | Beds | General cases | Infectious cases | Tuberculosis cases | Maternity cases | Psychiatric cases | Total |
|--|--------|---------------|------------------|--------------------|-----------------|-------------------|----------|
| <i>Government Hospitals :</i> | | | | | | | |
| Castle Peak | *1,119 | — | — | — | — | 3,495 | 3,495 |
| Queen Mary | 623 | 18,577 | 117 | 188 | 2,429 | — | 21,311 |
| Kowloon | 574 | 24,605 | 443 | 280 | 4,578 | 71 | 29,977 |
| Lai Chi Kok | 481 | 283 | 2,155 | 198 | — | — | †8,144 |
| Tsan Yuk | 200 | 1,019 | — | — | 7,555 | — | 8,574 |
| St. John | 100 | 993 | 29 | 142 | 648 | — | 1,812 |
| Sai Ying Pun | 88 | 612 | 1,613 | 18 | — | — | 2,243 |
| Wan Chai | 30 | 251 | 58 | — | — | — | 309 |
| South Lantau | 15 | 146 | 6 | — | 14 | — | 166 |
| H.K. Psychiatric Clinic | 12 | — | — | — | — | 246 | 246 |
| 4 Prison Hospitals | 186 | 2,562 | 39 | 251 | 10 | 136 | 2,998 |
| Dispensaries and Maternity Homes... | 252 | — | — | — | 17,828 | — | 17,828 |
| TOTAL | 3,680 | 49,048 | 4,460 | 1,077 | 33,062 | 3,948 | †97,103 |
| <i>Government-Assisted Hospitals :</i> | | | | | | | |
| Tung Wah Group | 2,203 | 28,416 | 614 | 1,358 | 31,398 | — | 61,786 |
| Grantham | 568 | 18 | — | 1,305 | — | — | 1,323 |
| Hei Ling Chau Leprosarium | 540 | — | 652 | — | — | — | 652 |
| Ruttonjee Sanatorium | 336 | 73 | — | 1,239 | — | — | 1,312 |
| Alice Ho Miu Ling Nethersole | 300 | 4,929 | 33 | 90 | 2,625 | — | 7,677 |
| Haven of Hope Tuberculosis Sanatorium | ‡260 | 5 | — | 432 | — | — | 437 |
| Pok Oi | 118 | 3,458 | — | — | 2,031 | — | 5,489 |
| Maryknoll Mission | 70 | 360 | 7 | 14 | 96 | 7 | 484 |
| Sandy Bay Convalescent Home | 108 | 44 | 33 | 107 | — | — | 184 |
| TOTAL | 4,503 | 37,303 | 1,339 | 4,545 | 36,150 | 7 | 79,344 |
| <i>Private Hospitals :</i> | | | | | | | |
| Hong Kong Sanatorium | 316 | 7,817 | 147 | 208 | 2,239 | 184 | 10,595 |
| St. Teresa's | 288 | 4,960 | 73 | 158 | 1,238 | 122 | 6,551 |
| Canossa | 194 | 2,055 | 17 | 50 | 148 | — | 2,270 |
| St. Paul's | 172 | 2,273 | 147 | 386 | 721 | — | 3,527 |
| Precious Blood | 106 | 1,875 | 25 | 99 | 174 | — | 2,173 |
| Hong Kong Central | 120 | 2,916 | 8 | 8 | 208 | 27 | 3,167 |
| Matilda and War Memorial... .. | 56 | 887 | — | — | 127 | 4 | 1,018 |
| Fanling | 45 | 956 | 9 | 57 | 31 | 11 | 1,064 |
| Children's Convalescent Home, Cheung Chau | 34 | 123 | — | — | — | — | 123 |
| Nursing Homes and Maternity Homes | 503 | 800 | 16 | 31 | 44,554 | — | 45,401 |
| TOTAL | 1,834 | 24,662 | 442 | 997 | 49,440 | 348 | 75,889 |
| GRAND TOTAL | 10,017 | 111,013 | 6,241 | 6,619 | 118,652 | 4,303 | †252,336 |

* Including 120 beds in Drug Addiction Treatment Centre.

† Including 5,508 convalescent patients transferred to Lai Chi Kok Hospital from Queen Mary (201) and Kowloon (5,307) Hospitals.

‡ Including 30 beds in Nansen T.B. Rehabilitation Centre.

APPENDIX 12

OUT-PATIENTS — 1962

NEW CASES AT GOVERNMENT AND GOVERNMENT-ASSISTED HOSPITALS, CLINICS AND DISPENSARIES

| INSTITUTIONS | Dress-ings | General Out-patients | Children's Clinics | Ante-natal | Post-natal | Gynaeco-logical | Social Hygiene | Eye | Ear, Nose & Throat | Tuber-culosis | Casualty | Ortho-paedic | Leprosy | Psychia-tric | Derma-tological | Total |
|--|------------|----------------------|--------------------|------------|------------|-----------------|----------------|--------|--------------------|---------------|----------|--------------|---------|--------------|-----------------|-----------|
| <i>Government Hospitals:</i> | | | | | | | | | | | | | | | | |
| Queen Mary | 12,466 | 587 | 213 | 603 | 470 | 684 | 392 | — | 1,025 | — | 40,762 | 136 | — | — | — | 57,338 |
| Kowloon | 49,724 | 154,300 | 693 | 2,226 | 1,539 | 955 | — | — | 1,682 | — | 97,246 | 1,520 | — | — | 452 | 310,337 |
| Tsan Yuk | 1,440 | — | — | 6,197 | 3,290 | — | — | — | — | — | — | — | — | — | — | 10,927 |
| St. John | 2,442 | 10,736 | 15,462 | 677 | — | — | — | 600 | — | — | 103 | — | — | — | — | 30,020 |
| South Lantau | 141 | 808 | — | 15 | — | — | — | — | — | — | 156 | — | — | — | — | 1,120 |
| Stanley Prison | 3,024 | 42,382 | — | — | — | — | 786 | 100 | — | 663 | 599 | — | 29 | — | — | 47,583 |
| Victoria Remand Prison | 647 | 11,809 | — | — | — | — | — | — | — | — | — | — | — | — | — | 12,456 |
| Lai Chi Kok Female Prison | 60 | 1,084 | — | — | — | — | 565 | — | — | — | — | — | — | — | — | 1,709 |
| Tai Lam Chung Prison | 430 | 3,575 | — | — | — | — | 2,075 | — | — | 546 | 135 | — | 1 | — | — | 6,762 |
| <i>Clinics and Dispensaries:</i> | | | | | | | | | | | | | | | | |
| H.K. Psychiatric Clinic | — | — | — | — | — | — | — | — | — | — | — | — | — | 1,164 | — | 1,164 |
| Sai Ying Pun | 8,122 | 97,562 | 74,746 | 1,503 | — | 2,092 | — | *2,612 | 1,801 | — | — | 1,102 | — | — | 731 | 190,271 |
| Violet Peel | 35,774 | 67,677 | 61,983 | — | — | — | — | — | 1,020 | — | 2,403 | — | — | — | 500 | 169,357 |
| Ophthalmic Clinics | — | — | — | — | — | — | — | 71,640 | — | — | — | — | — | — | — | 71,640 |
| Wan Chai Chest Clinic | — | — | — | — | — | — | — | — | — | 10,911 | — | — | 4 | — | — | 10,915 |
| Sai Ying Pun Chest Clinic | — | — | — | — | — | — | — | — | — | 7,798 | — | 397 | 8 | — | — | 8,203 |
| Kowloon Chest Clinic | — | — | — | — | — | — | — | — | — | 11,144 | — | — | 17 | — | — | 11,161 |
| Shek Kip Mei Chest Clinic | — | — | — | — | — | — | — | — | — | 8,572 | — | — | 13 | — | — | 8,585 |
| Social Hygiene Clinics | — | — | — | — | — | — | 27,264 | — | — | — | — | — | 771 | — | 6,764 | 34,799 |
| Families Clinic, Hong Kong | 3,971 | 781 | — | — | — | — | — | — | — | — | — | — | — | — | — | 4,752 |
| Families Clinic, Kowloon | 176 | 8,713 | — | — | — | — | — | — | — | — | — | — | — | — | — | 8,889 |
| Police Medical Post, Hong Kong | 10,181 | 6,443 | 5,989 | 113 | — | 248 | 24 | — | 378 | — | 395 | 86 | — | — | — | 23,857 |
| Police Medical Post, Kowloon | 5,030 | 8,493 | 12,686 | — | — | — | — | — | — | — | — | — | — | — | — | 26,209 |
| Police Quarters Clinic, Cheung Sha Wan | 5,114 | 6,108 | 13,280 | — | — | — | — | — | — | — | 133 | — | — | — | — | 24,635 |
| Victoria Remand Prison Families Clinic | 35 | 1,115 | — | — | — | — | — | — | — | — | — | — | — | — | — | 1,150 |
| Stanley Prison Families Clinic | 899 | 8,401 | — | — | — | — | — | — | — | — | — | — | — | — | — | 9,300 |
| Chi Ma Wan Prison Clinic | 3,609 | 4,560 | — | — | — | — | — | — | — | — | — | — | — | — | — | 8,169 |
| Kowloon-Canton Railway Clinic | 1,105 | — | 896 | — | — | — | — | — | — | — | — | — | — | — | — | 3,237 |
| Mt. Butler Quarry Clinic | 803 | 1,031 | 906 | — | — | — | — | — | — | — | — | — | — | — | — | 2,740 |
| Port Health Medical Posts | — | 786 | — | — | — | — | — | — | — | — | — | — | — | — | — | 786 |
| Queen Elizabeth Specialist Clinic | 544 | †1,578 | 241 | 874 | 437 | 326 | — | — | 659 | — | — | — | — | 66 | 241 | 4,966 |
| Public Dispensaries Hong Kong & Kowloon | 135,651 | 433,852 | 150,651 | 3,703 | 954 | 1,866 | 369 | 5,221 | 990 | 363 | 2,329 | — | 381 | — | 762 | 737,092 |
| New Territories Dispensaries | 22,992 | 125,938 | 84,627 | 13,669 | 1,318 | 53 | 1,027 | 6,291 | 1,896 | 2,717 | 19,458 | — | 55 | 188 | — | 280,229 |
| <i>Maternal and Child Health Centres:</i> | | | | | | | | | | | | | | | | |
| Harcourt | — | — | 4,508 | 341 | 389 | — | — | — | — | — | — | — | — | — | — | 5,238 |
| Western | — | — | 4,432 | 211 | 370 | — | — | — | — | — | — | — | — | — | — | 5,013 |
| Chai Wan | — | — | 1,591 | 532 | 448 | — | — | — | — | — | — | — | — | — | — | 2,571 |
| Central | — | — | 3,279 | 138 | 107 | — | — | — | — | — | — | — | — | — | — | 3,524 |
| Anne Black | — | — | 2,332 | 336 | 107 | — | — | — | — | — | — | — | — | — | — | 2,775 |
| Aberdeen | — | — | 2,172 | 1,521 | 261 | — | — | — | — | — | — | — | — | — | — | 3,954 |
| Kennedy Town | — | — | 2,594 | 420 | 181 | — | — | — | — | — | — | — | — | — | — | 3,195 |
| Kowloon | — | — | 4,716 | 708 | 459 | — | — | — | — | — | — | — | — | — | — | 5,883 |
| Ho Man Tin | — | — | 1,996 | 120 | 115 | — | — | — | — | — | — | — | — | — | — | 2,231 |
| Shek Kip Mei | — | — | 9,680 | 1,248 | 1,057 | — | — | — | — | — | — | — | — | — | — | 11,985 |
| Total of Government Institutions | 304,380 | 999,555 | 459,673 | 35,155 | 11,502 | 6,224 | 32,502 | 86,464 | 9,451 | 42,714 | 163,719 | 3,241 | 1,279 | 1,418 | 9,450 | 2,166,727 |
| <i>Government-Assisted Hospitals:</i> | | | | | | | | | | | | | | | | |
| Tung Wah Group of Hospitals | 13,185 | 148,873 | 39,105 | 52,923 | 1,356 | 1,839 | — | 4,990 | 3,132 | 1,363 | 438 | 440 | — | — | — | 267,644 |
| Alice Ho Miu Ling | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Nethersole Hospital | — | 7,638 | — | 2,995 | 1,277 | 5,559 | — | — | — | — | — | — | — | — | — | 17,469 |
| Ruttonjee Sanatorium | — | — | — | — | — | — | — | — | — | 14 | — | — | — | — | — | 14 |
| Grantham Hospital | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Pok Oi Hospital | 924 | 16,353 | 20,833 | 2,389 | — | — | — | — | — | — | — | — | — | — | — | 40,499 |
| Rennie's Mill Church Clinic | — | 2,208 | — | — | — | — | — | — | — | 180 | — | — | — | — | — | 2,388 |
| Maryknoll Mission Hospital | — | 4,780 | — | — | — | — | — | — | — | — | — | — | — | — | — | 4,780 |
| Total of Government-Assisted Institutions | 14,109 | 179,852 | 59,938 | 58,307 | 2,633 | 7,398 | — | 4,990 | 3,132 | 1,557 | 438 | 440 | — | — | — | 332,794 |
| GRAND TOTAL | 318,489 | 1,179,407 | 519,611 | 93,462 | 14,135 | 13,622 | 32,502 | 91,454 | 12,583 | 44,271 | 164,157 | 3,681 | 1,279 | 1,418 | 9,450 | 2,499,521 |

* Patients seen at the Hong Kong University Eye Clinic.

† Including 395 medical cases and 1,183 surgical cases.

APPENDIX 13

OUT-PATIENTS — 1962

TOTAL ATTENDANCES AT GOVERNMENT AND GOVERNMENT-ASSISTED HOSPITALS, CLINICS AND DISPENSARIES

| INSTITUTIONS | Dress-ings | General Out-Patients | Children's Clinics | Ante-natal | Post-natal | Gynaeco-logical | Social Hygiene | Eye | Ear, Nose & Throat | Tuber-culosis | Casualty | Ortho-paedic | Leprosy | Psychia-tric | Derma-tological | Total |
|--|------------|----------------------|--------------------|------------|------------|-----------------|----------------|---------|--------------------|---------------|----------|--------------|---------|--------------|-----------------|-----------|
| <i>Government Hospitals :</i> | | | | | | | | | | | | | | | | |
| Queen Mary | 12,466 | 898 | 267 | 3,834 | 478 | 991 | 500 | — | 1,094 | — | 46,589 | 174 | — | — | — | 67,291 |
| Kowloon | 239,258 | 207,675 | 8,004 | 12,429 | 1,745 | 3,554 | — | — | 6,287 | — | 97,246 | 18,211 | — | — | 1,989 | 596,398 |
| Tsan Yuk | 4,647 | — | — | 34,786 | 3,739 | — | — | — | — | — | — | — | — | — | — | 43,172 |
| St. John | 3,440 | 13,640 | 19,685 | 2,404 | — | — | — | 1,529 | — | — | 103 | — | — | — | — | 40,801 |
| South Lantau | 869 | 3,527 | — | 34 | — | — | — | — | — | — | 187 | — | — | — | — | 4,617 |
| Stanley Prison | 14,037 | 107,874 | — | — | — | — | 1,475 | 165 | — | 59,995 | 2,532 | — | 202 | — | — | 186,280 |
| Victoria Remand Prison ... | 1,812 | 36,188 | — | — | — | — | — | — | — | — | — | — | — | — | — | 38,000 |
| Lai Chi Kok Female Prison ... | 484 | 13,536 | — | — | — | — | 565 | — | — | — | — | — | — | — | — | 14,585 |
| Tai Lam Chung Prison ... | 2,865 | 88,838 | — | — | — | — | 3,090 | — | — | 939 | 405 | — | 1 | — | — | 96,138 |
| <i>Clinics and Dispensaries :</i> | | | | | | | | | | | | | | | | |
| H.K. Psychiatric Clinic ... | — | — | — | — | — | — | — | — | — | — | — | — | — | 15,877 | — | 15,877 |
| Sai Ying Pun | 51,785 | 160,153 | 101,306 | 6,624 | 143 | 13,995 | — | *6,007 | 8,590 | — | — | 11,014 | — | — | 2,509 | 362,126 |
| Violet Peel | 126,398 | 106,273 | 82,383 | — | — | — | — | — | 3,004 | — | 2,403 | — | — | — | 1,327 | 321,788 |
| Ophthalmic Clinics | — | — | — | — | — | — | — | 208,459 | — | — | — | — | — | — | — | 208,459 |
| Wan Chai Chest Clinic ... | — | — | — | — | — | — | — | — | — | 321,850 | — | — | 103 | — | — | 321,953 |
| Sai Ying Pun Chest Clinic ... | — | — | — | — | — | — | — | — | — | 301,766 | — | 4,082 | 19 | — | — | 305,867 |
| Kowloon Chest Clinic... .. | — | — | — | — | — | — | — | — | — | 582,912 | — | 1,969 | 294 | — | — | 585,175 |
| Shek Kip Mei Chest Clinic ... | — | — | — | — | — | — | — | — | — | 292,190 | — | — | 138 | — | — | 292,328 |
| Social Hygiene Clinics... .. | — | — | — | — | — | — | 179,135 | — | — | — | — | — | 25,685 | — | 16,692 | 221,512 |
| Families Clinic, Hong Kong ... | 3,971 | 16,261 | — | — | — | — | — | — | — | — | — | — | — | — | — | 20,232 |
| Families Clinic, Kowloon ... | 176 | 11,149 | — | — | — | — | — | — | — | — | — | — | — | — | — | 11,325 |
| Police Medical Post, Hong Kong | 18,086 | 11,900 | 11,368 | 113 | — | 278 | 33 | — | 538 | — | 395 | 122 | — | — | — | 42,833 |
| Police Medical Post, Kowloon | 7,539 | 11,831 | 17,479 | — | — | — | — | — | — | — | — | — | — | — | — | 36,849 |
| Police Quarters Clinic, Cheung Sha Wan | 16,051 | 7,175 | 17,283 | — | — | — | — | — | — | — | 133 | — | — | — | — | 40,642 |
| Victoria Remand Prison Families Clinic | 89 | 1,315 | — | — | — | — | — | — | — | — | — | — | — | — | — | 1,404 |
| Stanley Prison Families Clinic | 3,332 | 11,465 | — | — | — | — | — | — | — | — | — | — | — | — | — | 14,797 |
| Chi Ma Wan Prison Clinic ... | 6,228 | 7,880 | — | — | — | — | — | — | — | — | — | — | — | — | — | 14,108 |
| Kowloon-Canton Railway Clinic | 1,245 | 1,411 | 988 | — | — | — | — | — | — | — | — | — | — | — | — | 3,644 |
| Mt. Butler Quarry Clinic ... | 2,064 | 2,379 | 1,940 | — | — | — | — | — | — | — | — | — | — | — | — | 6,383 |
| Port Health Medical Posts ... | — | 882 | — | — | — | — | — | — | — | — | — | — | — | — | — | 882 |
| Queen Elizabeth Specialist Clinic | 1,236 | †11,496 | 2,236 | 3,306 | 571 | 1,309 | — | — | 2,623 | — | — | — | — | — | 791 | 23,728 |
| Public Dispensaries Hong Kong & Kowloon | 370,298 | 628,309 | 190,844 | 16,701 | 1,128 | 2,894 | 1,236 | 11,032 | 1,856 | 7,677 | 2,329 | — | 11,689 | 160 | 1,517 | 1,247,510 |
| New Territories Dispensaries ... | 106,810 | 150,625 | 103,738 | 57,365 | 1,499 | 55 | 3,629 | 15,231 | 5,187 | 52,275 | 19,458 | — | 1,111 | 1,014 | — | 517,997 |
| <i>Maternal and Child Health Centres :</i> | | | | | | | | | | | | | | | | |
| Harcourt | — | — | 43,213 | 1,665 | 637 | — | — | — | — | — | — | — | — | — | — | 45,515 |
| Western... .. | — | — | 47,982 | 720 | 393 | — | — | — | — | — | — | — | — | — | — | 49,095 |
| Chai Wan | — | — | 19,559 | 1,294 | 467 | — | — | — | — | — | — | — | — | — | — | 21,320 |
| Central | — | — | 36,819 | 633 | 132 | — | — | — | — | — | — | — | — | — | — | 37,584 |
| Anne Black | — | — | 21,487 | 1,007 | 143 | — | — | — | — | — | — | — | — | — | — | 22,637 |
| Aberdeen | — | — | 24,227 | 6,050 | 324 | — | — | — | — | — | — | — | — | — | — | 30,601 |
| Kennedy Town | — | — | 25,320 | 1,636 | 214 | — | — | — | — | — | — | — | — | — | — | 27,170 |
| Kowloon | — | — | 53,100 | 3,942 | 1,083 | — | — | — | — | — | — | — | — | — | — | 58,125 |
| Ho Man Tin | — | — | 20,336 | 429 | 150 | — | — | — | — | — | — | — | — | — | — | 20,915 |
| Shek Kip Mei | — | — | 70,882 | 5,093 | 1,290 | — | — | — | — | — | — | — | — | — | — | 77,265 |
| Total of Government Institutions | 995,186 | 1,612,680 | 920,446 | 160,065 | 14,136 | 23,076 | 189,663 | 242,423 | 29,179 | 1,619,604 | 171,780 | 35,572 | 39,242 | 17,051 | 24,825 | 6,094,928 |
| <i>Government-Assisted Institutions :</i> | | | | | | | | | | | | | | | | |
| Tung Wah Group of Hospitals Alice Ho Miu Ling Nethersole Hospital | 40,715 | 393,172 | 104,373 | 67,547 | 1,462 | 5,769 | — | 16,658 | 12,654 | 16,278 | 438 | 1,955 | — | — | — | 661,021 |
| Ruttonjee Sanatorium | 421 | 27,259 | — | 16,514 | 1,277 | 18,199 | — | — | — | — | — | — | — | — | — | 63,670 |
| Grantham Hospital | — | — | — | — | — | — | — | — | — | 13,993 | — | — | — | — | — | 13,993 |
| Pok Oi Hospital | — | — | — | — | — | — | — | — | — | 657 | — | — | — | — | — | 657 |
| Rennie's Mill Church Clinic ... | 2,772 | 31,832 | 38,527 | 6,093 | — | — | — | — | — | — | — | — | — | — | — | 79,224 |
| Maryknoll Mission Hospital ... | — | 21,852 | — | — | — | — | — | — | — | 1,706 | 401 | — | — | — | — | 23,959 |
| Total of Government-Assisted Institutions | 43,908 | 478,895 | 192,900 | 90,154 | 2,739 | 23,968 | — | 16,658 | 12,654 | 32,634 | 839 | 1,955 | — | — | — | 847,304 |
| GRAND TOTAL... .. | 1,039,094 | 2,091,575 | 1,063,346 | 250,219 | 16,875 | 47,044 | 189,663 | 259,081 | 41,833 | 1,652,238 | 172,619 | 37,527 | 39,242 | 17,051 | 24,825 | 6,942,232 |

* Patients seen at the Hong Kong University Eye Clinic.

† Including 5,173 medical cases and 6,323 surgical cases.

APPENDIX 14

NEW TERRITORIES CLINICS, 1962

| Dispensaries | Out-patient Attendances | | Deliveries | |
|-----------------------------------|----------------------------|----------------------|-------------|-------------|
| | New Cases | Total Attendances | In-patients | Domiciliary |
| Tai Po... .. | 37,332 | 64,919 | 1,623 | 7 |
| Ho Tung | 2,213 | 4,853 | 406 | 1 |
| Sha Tau Kok | 8,628 | 18,474 | 459 | 3 |
| Sha Tin... .. | 11,026 | 21,083 | 591 | 6 |
| Yuen Long | 47,195 | 100,161 | 2,155 | 18 |
| San Hui | 3,890 | 11,270 | 1,116 | 6 |
| Sai Kung | 8,438 | 17,226 | 520 | 28 |
| Shek Wu Hui | 43,425 | 78,524 | 1,813 | 6 |
| Tai O | 18,696 | 22,684 | 360 | 2 |
| Silver Mine Bay | 8,950 | 11,705 | 171 | 1 |
| Peng Chau | 6,141 | 8,590 | 160 | — |
| Maurine Grantham | 59,992 | 120,245 | 2,401 | — |
| North Lamma | 6,710 | 9,505 | 69 | — |
| Shek Pik First Aid Post | 4,440 | 7,308 | — | — |
| Sai Kung Travelling | 555 | 868 | — | — |
| Tai Po Travelling (East) | 1,122 | 1,184 | — | — |
| Yuen Long Travelling (West)... .. | 1,059 | 1,069 | — | — |
| Chee Hong Floating Clinic | 4,701 | 4,701 | — | — |
| Chee Wan Floating Clinic | 4,882 | 12,750 | — | — |
| Shek Wu Hui Travelling | 834 | 878 | — | — |
| Total | 280,229 | 517,997 | 11,844 | 78 |

APPENDIX 15

GOVERNMENT INSTITUTE OF PATHOLOGY, 1962

(a) SPECIMENS EXAMINED

| | | | | | | | | |
|-------------|--------------------------------|-----|-----|-----|-----|-----|-----|---------|
| (1) | Protozoology and Helminthology | ... | ... | ... | ... | ... | ... | 26,483 |
| (2) | a. Haematology | ... | ... | ... | ... | ... | ... | 121,797 |
| | b. Blood Grouping | ... | ... | ... | ... | ... | ... | 4,469 |
| (3) | Serology | ... | ... | ... | ... | ... | ... | 137,353 |
| (4) | Bacteriology | ... | ... | ... | ... | ... | ... | 252,170 |
| (5) | Mycology | ... | ... | ... | ... | ... | ... | 2,469 |
| (6) | Public Health | ... | ... | ... | ... | ... | ... | 23,822 |
| (7) | Histopathology | ... | ... | ... | ... | ... | ... | 5,839 |
| (8) | Chemical Pathology | ... | ... | ... | ... | ... | ... | 100,095 |
| (9) | Clinical Pathology | ... | ... | ... | ... | ... | ... | 36,873 |
| (10) | Special Investigation | ... | ... | ... | ... | ... | ... | 850 |
| (11) | Virus Unit | ... | ... | ... | ... | ... | ... | 4,175 |
| Grand Total | | | | | | | | 716,395 |

(b) NOTIFICATIONS OF ANIMAL BITES

The following animal bite notifications were received during 1962:

| | Dog | Cat | Monkey | Pig | Other Animals | Total |
|------------------|-------|-----|--------|-----|------------------|-------|
| Hong Kong | 1,742 | 124 | 9 | 3 | 3 | 1,881 |
| Kowloon | 3,241 | 69 | 3 | 12 | — | 3,325 |
| Total | 4,983 | 193 | 12 | 15 | 3 | 5,206 |

APPENDIX 16

SAMARITAN FUND

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH, 1963

| EXPENDITURE | | INCOME |
|--|--------------------|---|
| Maintenance, capital grants, travelling expenses, etc. | \$19,681.50 | Donations: |
| | | The Hongkong & Shanghai Banking Corporation \$ 2,000.00 |
| | | The Hong Kong Jockey Club (Charities) Ltd. \$12,000.00 |
| | | Dr. Tang Shiu Kin & Others \$ 1,481.00 |
| | | Excess of Expenditure over Income \$ 4,200.50 |
| | <u>\$19,681.50</u> | <u>\$19,681.50</u> |

BALANCE SHEET AS AT 31ST MARCH, 1963

| LIABILITIES | ASSETS |
|---|-------------------------------------|
| Accumulated Fund as at 1st April, 1962 | Cash with Accountant General |
| Less Excess of Expenditure over Income for the year | |
| | <u>\$16,261.95</u> |
| | <u>\$16,261.95</u> |

Certified correct.

MAURA BENHAM,

*Principal Almoner, Medical & Health Department.
16th May, 1963.*

Certified correct.

G. AGABEG,

*for Director of Medical & Health Services.
16th May, 1963.*

CERTIFICATE OF THE DIRECTOR OF AUDIT

The above Balance Sheet and the accompanying Income and Expenditure Account have been examined in accordance with Condition 5 of the Schedule to Legislative Council Resolution dated 24th May, 1950 (G.N.A. 113 of 26th May, 1950 amended by G.N.A. 33 of 22nd April, 1960). I have obtained all the information and explanations that I have required, and I certify, as a result of this audit, that in my opinion the Balance Sheet and Income and Expenditure Account are correct.

AUDIT DEPARTMENT,
Hong Kong, 28th May, 1963.

W. J. D. COOPER,
Director of Audit.

REPORT ON THE SAMARITAN FUND, 1.4.62 - 31.3.63

Endeavours have been made to keep down the expenditure from this fund due to difficulty in obtaining sufficient income. Nevertheless, the expenditure of \$19,681.50 this year exceeded income by \$4,200.50. The greater part of this sum was used for the travelling expenses of patients who could not otherwise attend for the treatment recommended by the doctors, and of their relatives who could not otherwise come to the hospitals for the interviews which the doctors wished to have with them. The making possible of these journeys will have to be still further cut in the year 1963/64.

M. E. M. BENHAM,
Principal Almoner.

APPENDIX 17

INFECTIOUS DISEASES NOTIFIED CASES AND DEATHS 1958-62

| Diseases | | 1958 | | 1959 | | 1960 | | 1961 | | 1962 | |
|--|-----|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths |
| Cholera | ... | — | — | — | — | — | — | 130 | 15 | 11 | 1 |
| Amoebic dysentery | ... | 262 | 12 | 239 | 18 | 334 | 9 | 215 | 12 | 195 | 9 |
| Bacillary dysentery (Including unspecified dysentery)... | ... | 424 | 25 | 663 | 26 | 678 | 10 | 742 | 8 | 795 | 13 |
| Cerebro-spinal meningitis | ... | 28 | 17 | 25 | 17 | 30 | 21 | 36 | 26 | 50 | 35 |
| Chickenpox | ... | 278 | 3 | 278 | 3 | 304 | 1 | 498 | 7 | 707 | 5 |
| Diphtheria | ... | 1,555 | 134 | 2,087 | 116 | 1,450 | 95 | 1,334 | 109 | 1,022 | 102 |
| Enteric fever (Typhoid & Paratyphoid) | ... | 816 | 34 | 997 | 32 | 773 | 30 | 742 | 24 | 826 | 21 |
| Malaria | ... | 659 | 1 | 442 | 1 | 833 | — | 812 | 1 | 794 | — |
| Measles | ... | 786 | 191 | 743 | 176 | 710 | 192 | 1,727 | 435 | 2,317 | 326 |
| *Ophthalmia neonatorum... | ... | 105 | — | 244 | — | 254 | — | 250 | — | 310 | — |
| Polio-myelitis | ... | 262 | 41 | 86 | 20 | 148 | 23 | 184 | 39 | 363 | 52 |
| Puerperal fever | ... | 4 | — | 1 | — | 1 | — | 2 | 2 | 2 | 2 |
| Scarlet fever | ... | 10 | — | 24 | — | 17 | 1 | 29 | — | 19 | — |
| Tuberculosis | ... | 13,485 | 2,302 | 14,302 | 2,178 | 12,425 | 2,085 | 12,584 | 1,907 | 14,263 | 1,881 |
| Typhus (mite-borne) | ... | 1 | — | — | — | — | — | 1 | — | 1 | — |
| Whooping cough | ... | 197 | 2 | 110 | 2 | 48 | — | 47 | 1 | 98 | — |
| Total | ... | 18,872 | 2,762 | 20,241 | 2,589 | 18,005 | 2,467 | 19,333 | 2,586 | 21,773 | 2,447 |
| †Influenza | ... | ... | 39 | 11,659 | 25 | 5,727 | 26 | 6,223 | 39 | 6,374 | 39 |

Remarks: * Notifiable since June 1958.
† Voluntary notifications.

The above table omits rabies, smallpox, plague, epidemic louse-borne typhus, yellow fever and relapsing fever — no case of any of which was reported during the years.



Code No.: 0344863
Price: \$9.00